

101 CMR: 318.00: Radiology

Section

- 318.01: General Provisions
- 318.02: General Definitions
- 318.03: General Rate Provisions
- 318.04: Maximum Allowable Fees
- 318.05: Severability

318.01: General Provisions

(1) Scope, Purpose, and Effective Date. 101 CMR 318.00 governs the payment rates used by all governmental units for radiology care and services provided to publicly aided patients. Rates under 101 CMR 318.00 are effective on or after ~~August 1, 2017~~ March 1, 2018, unless otherwise indicated. Rates for services provided to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act) are not set forth in 101 CMR 318.00, but are at 114.3 CMR 40.00: *Rates for Services Under M.G.L. c. 152, Worker's Compensation Act*.

(2) Coverage.

(a) Payment rates in 101 CMR 318.00 are used to pay for radiology services rendered to patients in a private medical office, licensed clinic, hospital, or other inpatient or outpatient facility or department, independent diagnostic testing facility, patient's residence, or other appropriate setting by an individual eligible provider, when an eligible provider bills for the medical services rendered and no other payment method applies.

(b) The rates of payment under 101 CMR 318.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 101 CMR 318.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 318.00. Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of care and services provided to publicly aided patients.

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*.

(a) The publication of such updates and corrections will list

1. codes for which the code numbers change, with the corresponding cross references between the new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
2. deleted codes for which there are no corresponding new codes; and
3. codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(b) For entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), EOHHS may list these codes and price them according to the rate methodology used in setting physician rates. When RVUs are not available, EOHHS may

101 CMR: 318.00: Radiology

apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to add, delete, or otherwise update codes or modifiers, and to clarify its policy on and understanding of substantive provisions of 101 CMR 318.00. EOHHS may also issue administrative bulletins to clarify to which duly licensed or certified health care professionals or students the rate methods in this regulation apply.

318.02: General Definitions

Meaning of Terms. The ~~descriptions~~, five-digit procedure codes; and two-digit modifiers included in 101 CMR 318.00, ~~and their corresponding descriptions~~, utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' ~~20182016~~ *Current Procedural Terminology* (CPT), copyright ~~20172015~~ by the American Medical Association (AMA), ~~or for the 2017 Level I CPT-4 code additions, the Physicians' 2017 Current Procedural Terminology (CPT), copyright 2016 by the AMA, unless otherwise specified.~~ Level II codes are obtained from ~~2016 HCPCS, or for the 2017 Level II code additions, the 20182017~~ HCPCS, maintained jointly by the Centers for Medicare ~~and~~ & Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other health care professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors, or scales are included in any part of the Physicians' *Current Procedure Terminology*. ~~For code descriptions, see the radiology services code spreadsheet on the EOHHS rates website.~~

In addition, terms used in 101 CMR 318.00 have the meanings set forth in 101 CMR 318.02.

Eligible Provider. The rates established in these regulations apply in accordance with 101 CMR 318.01 to the following types of providers who meet conditions of participation of the governmental unit purchasing such services, and to the extent specified by such governmental unit. Eligible providers must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and certification by national credentialing bodies as required by law.

A licensed physician (other than an intern, resident, fellow, or house officer), licensed podiatrist, licensed dentist, licensed chiropractor, and licensed optometrist.

A provider of therapeutic and diagnostic radiology services. Such radiology services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office.

A provider of radiation oncology services. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office.

A clinic licensed by the Massachusetts Department of Public Health in accordance with 105 CMR 140.000: *Licensure of Clinics* to provide radiology services.

A freestanding birth center facility that is not operating under a hospital's license, and is licensed as a birth center by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *The Operation and Maintenance of Birth Centers*.

101 CMR: 318.00: Radiology

An advanced practice registered nurse who is authorized by the Board of Registration in Nursing to practice as a certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, or a certified registered nurse anesthetist (CRNA).

A licensed physician assistant who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration (I.C.). Radiology services that are authorized but not listed in 101 CMR 318.00, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser analyzes the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. The governmental unit or purchaser determines appropriate payment for procedures designated I.C. in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder, or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures, and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 101 CMR 331.00: *Prescribed Drugs*; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number.

Publicly Aided Individual (or Publicly Aided Patient). A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology, and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and

101 CMR: 318.00: Radiology

imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Procedure or Service. A service or procedure ~~that~~ may be provided that is covered but not listed in 101 CMR 318.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service.

318.03: General Rate Provisions

(1) Rate Determination. Rates of payment for services for which 101 CMR 318.00 applies are the lowest of

- (a) the eligible provider's usual fee to patients other than publicly aided individuals;
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 101 CMR 318.04(3), taking into account appropriate modifiers and any other applicable rate provision(s) in accordance with 101 CMR 318.03.

(2) Supplemental Payment

(a) Eligibility. An eligible provider who is a physician, certified nurse practitioner, physician assistant, or CRNA is eligible for a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a nonprofit group practice that was established in accordance with St.1997, c.163 and is affiliated with a Commonwealth-owned medical school;
2. such nonprofit group practice must have been established on or before January 1, 2000, in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between

1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 316.03(1), 101 CMR 317.03(1), and 101 CMR 318.03(1); and
2. the federal upper payment established by the Centers for Medicare ~~&and~~ Medicaid Services.

(3) The sum of the professional and technical components of an individual procedure will not be greater than the allowable global fee set forth in 101 CMR 318.04(3).

(4) Allowable Fee for Certain Eligible Providers. Payment for services provided by eligible providers who are certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, and physician assistants as specified in 101 CMR 318.02, is 85% of the fees contained in 101 CMR 318.04.

(5) CPT Category III Codes. All radiology related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

318.04: Maximum Allowable Fees

101 CMR: 318.00: Radiology

(1) Unless otherwise specified, guidelines, notes, and definitions provided in the ~~20182016~~ CPT Coding Handbook ~~(or the 2017 CPT Coding Handbook for 2017 code additions)~~ are applicable to the use of the procedure codes and, modifiers, ~~and descriptions~~ listed below, as well as their corresponding descriptions. For code descriptions, see the [radiology services code spreadsheet on the EOHHS rates website](#).

(2) Modifiers.

(a) 26: Professional Component. The component of a service or procedure representing the physician's or other qualified health care professional's work interpreting or performing the service or procedure. (When the physician or other qualified health care professional component is reported separately, the addition of modifier 26 to the procedure code will allow payment of the professional component allowable fee (PC Fee) contained in 101 CMR 318.04(3), adjusted by 101 CMR 318.03 as applicable.)

(b) 51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor, or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these circumstances, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional, or lesser procedure(s) must be identified by adding modifier 51 to the end of the service code for the secondary procedure(s). (The addition of modifier 51 to the second and subsequent procedure codes allows payment of 50% of the allowable fee contained in 101 CMR 318.04(3), adjusted by 101 CMR 318.03 as applicable, to the eligible provider. Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional.")

(c) 52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's or other qualified health care professional's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

(d) 59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day, add modifier 59 to the end of the appropriate service code. Modifier 59 is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier 59.

(e) PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26 and results in nonpayment for services.)

(f) PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26 and results in nonpayment for services.)

(g) PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26 and results in nonpayment for services.)

(h) SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual ~~and not~~ practicing as a professional corporation or as a member

101 CMR: 318.00: Radiology

of a group practice)). A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)

(i) TC: Technical component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's or other qualified health care professional's professional component. (When the technical component is reported separately, the addition of modifier TC to the procedure code will allow payment of the technical component allowable fee (TC Fee) contained in 101 CMR 318.04(3), adjusted by 101 CMR 318.03 as applicable.

(j) XE: Separate encounter. A service that is distinct because it occurred during a separate encounter.

(k) XS: Separate structure. A service that is distinct because it was performed on a separate organ/structure.

(l) XP: Separate practitioner. A service that is distinct because it was performed by a different practitioner.

(m) XU: Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.

(3) Fee Schedule

Code	NFAC	FAC	Global	PC	TC	Description
70010	-	-	\$44.94	-	-	Myelography, posterior fossa, radiological supervision and interpretation
70015	-	-	\$116.56	\$45.12	\$71.44	Cisternography, positive contrast, radiological supervision and interpretation
70030	-	-	\$21.22	\$6.19	\$15.03	Radiologic examination, eye, for detection of foreign body
70100	-	-	\$25.13	\$6.73	\$18.40	Radiologic examination, mandible; partial, less than 4 views
70110	-	-	\$28.88	\$9.36	\$19.52	Radiologic examination, mandible; complete, minimum of 4 views
70120	-	-	\$25.97	\$6.73	\$19.24	Radiologic examination, mastoids; less than 3 views per side
70130	-	-	\$41.73	\$12.67	\$29.06	Radiologic examination, mastoids; complete, minimum of 3 views per side

101 CMR: 318.00: Radiology

70134	-	-	\$39.33	\$13.07	\$26.25	Radiologic examination, internal auditory meati, complete
70140	-	-	\$22.58	\$7.83	\$14.75	Radiologic examination, facial bones; less than 3 views
70150	-	-	\$31.66	\$9.90	\$21.76	Radiologic examination, facial bones; complete, minimum of 3 views
70160	-	-	\$24.87	\$6.47	\$18.40	Radiologic examination, nasal bones; complete, minimum of 3 views
70170	-	-	-	\$11.08	-	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	-	-	\$27.30	\$8.34	\$18.96	Radiologic examination; optic foramina
70200	-	-	\$32.18	\$10.41	\$21.76	Radiologic examination; orbits; complete, minimum of 4 views
70210	-	-	\$22.62	\$6.47	\$16.15	Radiologic examination, sinuses; paranasal, less than 3 views
70220	-	-	\$28.60	\$9.36	\$19.24	Radiologic examination, sinuses; paranasal, complete, minimum of 3 views
70240	-	-	\$22.86	\$7.27	\$15.59	Radiologic examination, sella turcica
70250	-	-	\$27.50	\$9.39	\$18.12	Radiologic examination, skull; less than 4 views
70260	-	-	\$34.71	\$12.95	\$21.76	Radiologic examination, skull; complete, minimum of 4 views
70300	-	-	\$11.29	\$4.40	\$6.89	Radiologic examination, teeth; single view
70310	-	-	\$28.26	\$5.94	\$22.33	Radiologic examination, teeth; partial examination, less than full mouth

101 CMR: 318.00: Radiology

70320	-	-	\$40.46	\$8.88	\$31.59	Radiologic examination, teeth; complete, full mouth
70328	-	-	\$23.44	\$6.73	\$16.71	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	-	-	\$36.20	\$9.39	\$26.82	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	-	-	\$62.03	\$23.15	\$38.88	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	-	-	\$248.25	\$54.30	\$193.95	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	-	-	\$14.92	\$7.47	\$7.45	Cephalogram, orthodontic
70355	-	-	\$15.41	\$8.24	\$7.17	Orthopantomogram (eg, panoramic x-ray)
70360	-	-	\$21.50	\$6.19	\$15.31	Radiologic examination; neck, soft tissue
70370	-	-	\$59.18	\$11.87	\$47.30	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	-	-	\$69.31	\$31.55	\$37.76	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70380	-	-	\$27.68	\$6.75	\$20.92	Radiologic examination, salivary gland for calculus
70390	-	-	\$72.78	\$13.97	\$58.81	Sialography, radiological supervision and interpretation
70450	-	-	\$88.93	\$31.52	\$57.41	Computed tomography, head or brain; without contrast material
70460	-	-	\$124.04	\$41.66	\$82.38	Computed tomography, head or brain; with contrast material(s)



101 CMR: 318.00: Radiology

70470	-	-	\$147.42	\$47.08	\$100.34	Computed tomography, head or brain; without contrast material; followed by contrast material(s) and further sections
70480	-	-	\$135.33	\$47.34	\$87.99	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	-	-	\$213.54	\$50.90	\$162.64	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	-	-	\$233.17	\$53.25	\$179.92	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	-	-	\$107.73	\$31.52	\$76.21	Computed tomography, maxillofacial area; without contrast material
70487	-	-	\$129.37	\$41.66	\$87.71	Computed tomography, maxillofacial area; with contrast material(s)
70488	-	-	\$157.81	\$46.80	\$111.01	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	-	-	\$135.33	\$47.34	\$87.99	Computed tomography, soft tissue neck; without contrast material
70491	-	-	\$181.55	\$51.18	\$130.37	Computed tomography, soft tissue neck; with contrast material(s)
70492	-	-	\$214.77	\$53.53	\$161.24	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections

101 CMR: 318.00: Radiology

70496	-	-	\$226.57	\$64.33	\$162.24	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	-	-	\$225.73	\$64.33	\$161.40	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	-	-	\$263.16	\$49.57	\$213.59	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	-	-	\$311.76	\$59.72	\$252.04	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	-	-	\$381.09	\$79.09	\$302.00	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s); followed by contrast material(s) and further sequences
70544	-	-	\$258.04	\$44.45	\$213.59	Magnetic resonance angiography, head; without contrast material(s)
70545	-	-	\$301.26	\$44.17	\$257.09	Magnetic resonance angiography, head; with contrast material(s)
70546	-	-	\$421.21	\$66.45	\$354.76	Magnetic resonance angiography, head; without contrast material(s); followed by contrast material(s) and further sequences
70547	-	-	\$258.04	\$44.45	\$213.59	Magnetic resonance angiography, neck; without contrast material(s)

101 CMR: 318.00: Radiology

70548	-	-	<del>\$321.75</del>	<del>\$44.45</del>	<del>\$277.30</del>	Magnetic resonance angiography, neck; with contrast material(s)
70549	-	-	<del>\$421.21</del>	<del>\$66.45</del>	<del>\$354.76</del>	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	-	-	<del>\$177.09</del>	<del>\$54.58</del>	<del>\$122.51</del>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	-	-	<del>\$246.42</del>	<del>\$65.66</del>	<del>\$180.76</del>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	-	-	<del>\$290.54</del>	<del>\$84.52</del>	<del>\$206.02</del>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	-	-	<del>\$348.66</del>	<del>\$78.22</del>	<del>\$270.44</del>	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	-	-	-	<del>\$93.04</del>	-	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
70557	-	-	-	<del>\$107.50</del>	-	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material

101 CMR: 318.00: Radiology

70558	-	-	-	\$118.42	-	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559	-	-	-	\$119.17	—	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71010	-	-	\$16.99	\$6.73	\$10.26	Radiologic examination, chest; single view, frontal
71015	-	-	\$21.12	\$8.06	\$13.06	Radiologic examination, chest; stereo, frontal
71020	-	-	\$21.10	\$8.03	\$13.06	Radiologic examination, chest, 2 views, frontal and lateral;
71021	-	-	\$25.75	\$10.16	\$15.59	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure
71022	-	-	\$31.82	\$12.30	\$19.52	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections
71023	-	-	\$48.64	\$13.97	\$34.67	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy
71030	-	-	\$31.70	\$11.62	\$20.08	Radiologic examination, chest, complete, minimum of 4 views;
71034	-	-	\$63.91	\$17.17	\$46.74	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy

101 CMR: 318.00: Radiology

71035	-	-	\$25.13	\$6.73	\$18.40	Radiologic examination, chest; special views (eg, lateral decubitus, Bucky studies)
71100	-	-	\$25.03	\$8.31	\$16.71	Radiologic examination, ribs; unilateral; 2 views
71101	-	-	\$27.59	\$10.03	\$17.55	Radiologic examination, ribs; unilateral; including posteroanterior chest, minimum of 3 views
71110	-	-	\$28.55	\$10.16	\$18.40	Radiologic examination, ribs; bilateral; 3 views
71111	-	-	\$36.44	\$12.15	\$24.29	Radiologic examination, ribs; bilateral; including posteroanterior chest, minimum of 4 views
71120	-	-	\$22.55	\$7.52	\$15.03	Radiologic examination; sternum; minimum of 2 views
71130	-	-	\$27.55	\$8.31	\$19.24	Radiologic examination; sternoclavicular joint or joints; minimum of 3 views
71250	-	-	\$125.71	\$37.72	\$87.99	Computed tomography, thorax; without contrast material
71260	-	-	\$176.96	\$46.03	\$130.93	Computed tomography, thorax; with contrast material(s)
71270	-	-	\$212.70	\$50.90	\$161.80	Computed tomography, thorax; without contrast material; followed by contrast material(s) and further sections
71275	-	-	\$230.61	\$66.96	\$163.64	Computed tomographic angiography, chest (noncoronary); with contrast material(s); including noncontrast images, if performed, and image postprocessing
71550	-	-	\$267.38	\$53.79	\$213.59	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)

101 CMR: 318.00: Radiology

71551	-	-	\$355.71	\$63.54	\$292.17	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	-	-	\$438.10	\$83.47	\$354.63	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	-	-	\$307.65	\$65.99	\$241.66	Magnetic resonance angiography, chest (excluding myocardium); with or without contrast material(s)
72020	-	-	\$16.78	\$5.68	\$11.10	Radiologic examination, spine; single view, specify level
72040	-	-	\$25.31	\$8.31	\$16.99	Radiologic examination, spine; cervical; 2 or 3 views
72050	-	-	\$34.22	\$11.62	\$22.61	Radiologic examination, spine; cervical; 4 or 5 views
72052	-	-	\$43.08	\$13.46	\$29.62	Radiologic examination, spine; cervical; 6 or more views
72070	-	-	\$25.87	\$8.31	\$17.55	Radiologic examination, spine; thoracic, 2 views
72072	-	-	\$26.43	\$8.03	\$18.40	Radiologic examination, spine; thoracic, 3 views
72074	-	-	\$30.08	\$8.03	\$22.05	Radiologic examination, spine; thoracic, minimum of 4 views
72080	-	-	\$23.34	\$8.03	\$15.31	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72081	-	-	\$29.58	\$9.78	\$19.80	Radiologic examination, spine; entire thoracic and lumbar; including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

101 CMR: 318.00: Radiology

72082	-	-	\$47.97	\$11.90	\$36.08	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	-	-	\$52.09	\$12.92	\$39.16	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	-	-	\$62.32	\$15.02	\$47.30	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views
72100	-	-	\$26.71	\$8.31	\$18.40	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	-	-	\$37.31	\$11.62	\$25.69	Radiologic examination, spine, lumbosacral; minimum of 4 views
72114	-	-	\$47.95	\$12.15	\$35.80	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72120	-	-	\$30.92	\$8.31	\$22.61	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views
72125	-	-	\$127.55	\$39.56	\$87.99	Computed tomography, cervical spine; without contrast material
72126	-	-	\$176.73	\$44.96	\$131.77	Computed tomography, cervical spine; with contrast material
72127	-	-	\$209.73	\$46.80	\$162.92	Computed tomography, cervical spine; without contrast material; followed by contrast material(s) and further sections

101 CMR: 318.00: Radiology

72128	-	-	\$124.92	\$36.92	\$87.99	Computed tomography, thoracic spine; without contrast material
72129	-	-	\$177.01	\$44.96	\$132.05	Computed tomography, thoracic spine; with contrast material
72130	-	-	\$211.13	\$46.80	\$164.33	Computed tomography, thoracic spine; without contrast material; followed by contrast material(s) and further sections
72131	-	-	\$124.92	\$36.92	\$87.99	Computed tomography, lumbar spine; without contrast material
72132	-	-	\$176.45	\$44.96	\$131.49	Computed tomography, lumbar spine; with contrast material
72133	-	-	\$209.32	\$46.68	\$162.64	Computed tomography, lumbar spine; without contrast material; followed by contrast material(s) and further sections
72141	-	-	\$171.91	\$54.73	\$117.18	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	-	-	\$250.50	\$66.09	\$184.41	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	-	-	\$171.91	\$54.73	\$117.18	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	-	-	\$247.82	\$65.66	\$182.16	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	-	-	\$171.07	\$54.73	\$116.34	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	-	-	\$247.42	\$66.09	\$181.32	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)



101 CMR: 318.00: Radiology

72156	-	-	\$291.94	\$84.52	\$207.42	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	-	-	\$292.50	\$84.52	\$207.98	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	-	-	\$291.38	\$84.52	\$206.86	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	-	-	\$322.98	\$66.73	\$256.25	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	-	-	\$24.31	\$6.47	\$17.84	Radiologic examination, pelvis; 1 or 2 views
72190	-	-	\$29.26	\$8.06	\$21.20	Radiologic examination, pelvis; complete, minimum of 3 views
72191	-	-	\$234.99	\$66.58	\$168.41	Computed tomographic angiography, pelvis, with contrast material(s), including nonecontrast images, if performed, and image postprocessing
72192	-	-	\$111.79	\$40.35	\$71.44	Computed tomography, pelvis; without contrast material
72193	-	-	\$174.63	\$42.86	\$131.77	Computed tomography, pelvis; with contrast material(s)
72194	-	-	\$201.71	\$44.96	\$156.75	Computed tomography, pelvis; without contrast material; followed by contrast material(s) and further sections

101 CMR: 318.00: Radiology

72195	-	-	\$267.66	\$54.07	\$213.59	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	-	-	\$318.95	\$64.10	\$254.85	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	-	-	\$391.64	\$83.47	\$308.17	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	-	-	\$310.36	\$65.89	\$244.46	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	-	-	\$21.78	\$6.47	\$15.31	Radiologic examination, sacroiliac joints; less than 3 views
72202	-	-	\$25.10	\$6.99	\$18.12	Radiologic examination, sacroiliac joints; 3 or more views
72220	-	-	\$21.50	\$6.47	\$15.03	Radiologic examination, sacrum and coccyx, minimum of 2 views
72240	-	-	\$74.19	\$33.62	\$40.57	Myelography, cervical; radiological supervision and interpretation
72255	-	-	\$73.78	\$34.06	\$39.73	Myelography, thoracic; radiological supervision and interpretation
72265	-	-	\$69.90	\$30.73	\$39.16	Myelography, lumbosacral; radiological supervision and interpretation
72270	-	-	\$96.08	\$49.33	\$46.74	Myelography, 2 or more regions (eg, lumbar/thoracic; cervical/thoracic; lumbar/cervical; lumbar/thoracic/cervical); radiological supervision and interpretation
72275	-	-	\$88.71	\$29.06	\$59.65	Epidurography, radiological supervision and interpretation

101 CMR: 318.00: Radiology

72285	-	-	\$86.23	\$44.83	\$41.41	Discography, cervical or thoracic, radiological supervision and interpretation
72295	-	-	\$75.10	\$32.01	\$43.09	Discography, lumbar, radiological supervision and interpretation
73000	-	-	\$20.97	\$6.22	\$14.75	Radiologic examination; clavicle, complete
73010	-	-	\$22.91	\$6.75	\$16.15	Radiologic examination; scapula, complete
73020	-	-	\$17.34	\$5.68	\$11.66	Radiologic examination, shoulder; 1 view
73030	-	-	\$22.04	\$7.01	\$15.03	Radiologic examination, shoulder; complete, minimum of 2 views
73040	-	-	\$77.03	\$20.19	\$56.84	Radiologic examination, shoulder; arthrography, radiological supervision and interpretation
73050	-	-	\$27.04	\$7.80	\$19.24	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	-	-	\$22.09	\$6.22	\$15.87	Radiologic examination; humerus, minimum of 2 views
73070	-	-	\$20.71	\$5.96	\$14.75	Radiologic examination, elbow; 2 views
73080	-	-	\$23.75	\$6.47	\$17.27	Radiologic examination, elbow; complete, minimum of 3 views
73085	-	-	\$74.66	\$21.19	\$53.48	Radiologic examination, elbow; arthrography, radiological supervision and interpretation
73090	-	-	\$19.56	\$6.22	\$13.35	Radiologic examination; forearm; 2 views
73092	-	-	\$20.69	\$5.94	\$14.75	Radiologic examination; upper extremity, infant, minimum of 2 views
73100	-	-	\$22.09	\$6.22	\$15.87	Radiologic examination, wrist; 2 views

101 CMR: 318.00: Radiology

73110	-	-	\$27.12	\$6.47	\$20.64	Radiologic examination, wrist; complete, minimum of 3 views
73115	-	-	\$82.24	\$20.90	\$61.33	Radiologic examination, wrist; arthrography, radiological supervision and interpretation
73120	-	-	\$19.84	\$6.22	\$13.63	Radiologic examination, hand; 2 views
73130	-	-	\$23.47	\$6.47	\$16.99	Radiologic examination, hand; minimum of 3 views
73140	-	-	\$24.13	\$5.17	\$18.96	Radiologic examination, finger(s); minimum of 2 views
73200	-	-	\$124.92	\$36.92	\$87.99	Computed tomography, upper extremity; without contrast material
73201	-	-	\$172.11	\$42.86	\$129.25	Computed tomography, upper extremity; with contrast material(s)
73202	-	-	\$215.18	\$44.96	\$170.22	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	-	-	\$251.12	\$66.15	\$184.97	Computed tomographic angiography, upper extremity; with contrast material(s); including noncontrast images, if performed, and image postprocessing
73218	-	-	\$263.44	\$49.85	\$213.59	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	-	-	\$313.73	\$60.00	\$253.73	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	-	-	\$387.26	\$79.37	\$307.89	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences

101 CMR: 318.00: Radiology

73221	-	-	\$181.78	\$50.13	\$131.65	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	-	-	\$292.96	\$60.00	\$232.96	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	-	-	\$362.85	\$79.37	\$283.47	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	-	-	\$313.89	\$62.98	\$250.92	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73501	-	-	\$22.60	\$7.01	\$15.59	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	-	-	\$31.76	\$8.31	\$23.45	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73503	-	-	\$39.65	\$10.59	\$29.06	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73521	-	-	\$30.36	\$8.60	\$21.76	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73522	-	-	\$37.36	\$11.10	\$26.25	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73523	-	-	\$43.48	\$11.90	\$31.59	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73525	-	-	\$78.03	\$21.19	\$56.84	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73551	-	-	\$21.25	\$6.22	\$15.03	Radiologic examination, femur; 1 view

101 CMR: 318.00: Radiology

73552	-	-	\$24.85	\$7.01	\$17.84	Radiologic examination, femur; minimum 2 views
73560	-	-	\$23.77	\$6.22	\$17.55	Radiologic examination, knee; 1 or 2 views
73562	-	-	\$27.37	\$7.01	\$20.36	Radiologic examination, knee; 3 views
73564	-	-	\$30.08	\$8.31	\$21.76	Radiologic examination, knee; complete, 4 or more views
73565	-	-	\$27.42	\$6.50	\$20.92	Radiologic examination, knee; both knees, standing; anteroposterior
73580	-	-	\$88.97	\$20.90	\$68.07	Radiologic examination, knee; arthrography, radiological supervision and interpretation
73590	-	-	\$21.81	\$6.22	\$15.59	Radiologic examination; tibia and fibula, 2 views
73592	-	-	\$21.25	\$5.94	\$15.31	Radiologic examination; lower extremity, infant, minimum of 2 views
73600	-	-	\$22.93	\$6.22	\$16.71	Radiologic examination, ankle; 2 views
73610	-	-	\$23.75	\$6.47	\$17.27	Radiologic examination, ankle; complete, minimum of 3 views
73615	-	-	\$80.68	\$21.31	\$59.37	Radiologic examination, ankle; arthrography, radiological supervision and interpretation
73620	-	-	\$19.84	\$5.66	\$14.19	Radiologic examination, foot; 2 views
73630	-	-	\$22.06	\$6.19	\$15.87	Radiologic examination, foot; complete, minimum of 3 views
73650	-	-	\$20.69	\$5.94	\$14.75	Radiologic examination; calcaneus, minimum of 2 views
73660	-	-	\$21.60	\$4.89	\$16.71	Radiologic examination; toe(s); minimum of 2 views
73700	-	-	\$124.92	\$36.92	\$87.99	Computed tomography, lower extremity; without contrast material
73701	-	-	\$174.63	\$42.86	\$131.77	Computed tomography, lower extremity; with contrast material(s)

101 CMR: 318.00: Radiology

73702	-	-	\$212.65	\$44.68	\$167.98	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	-	-	\$254.57	\$69.73	\$184.84	Computed tomographic angiography, lower extremity; with contrast material(s); including noncontrast images, if performed, and image postprocessing
73718	-	-	\$263.44	\$49.85	\$213.59	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	-	-	\$313.45	\$59.72	\$253.73	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	-	-	\$389.51	\$79.37	\$310.13	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	-	-	\$182.06	\$50.13	\$131.93	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	-	-	\$295.77	\$60.00	\$235.77	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	-	-	\$364.25	\$79.37	\$284.88	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	-	-	\$310.87	\$66.40	\$244.46	Magnetic resonance angiography, lower extremity, with or without contrast material(s)

101 CMR: 318.00: Radiology

74000	-	-	\$17.83	\$6.73	\$11.10	Radiologic examination, abdomen; single anteroposterior view
74010	-	-	\$26.97	\$8.57	\$18.40	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	-	-	\$28.43	\$10.03	\$18.40	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	-	-	\$33.92	\$11.87	\$22.05	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views; single view chest
74150	-	-	\$114.22	\$43.91	\$70.31	Computed tomography, abdomen; without contrast material
74160	-	-	\$178.01	\$47.08	\$130.93	Computed tomography, abdomen; with contrast material(s)
74170	-	-	\$202.55	\$51.69	\$150.86	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74174	-	-	\$299.46	\$80.53	\$218.93	Computed tomographic angiography, abdomen and pelvis; with contrast material(s); including noncontrast images, if performed, and image postprocessing
74175	-	-	\$236.22	\$66.68	\$169.53	Computed tomographic angiography, abdomen, with contrast material(s); including noncontrast images, if performed; and image postprocessing
74176	-	-	\$152.63	\$64.35	\$88.28	Computed tomography, abdomen and pelvis; without contrast material
74177	-	-	\$239.71	\$67.24	\$172.47	Computed tomography, abdomen and pelvis; with contrast material(s)



101 CMR: 318.00: Radiology

74178	-	-	\$272.11	\$74.23	\$197.88	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
74181	-	-	\$258.12	\$53.79	\$204.33	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	-	-	\$352.34	\$63.82	\$288.52	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	-	-	\$392.20	\$83.47	\$308.73	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	-	-	\$312.04	\$65.89	\$246.15	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	-	-	—	\$17.25	—	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	-	-	\$59.92	\$13.18	\$46.74	Radiologic examination; pharynx and/or cervical esophagus
74220	-	-	\$68.25	\$17.02	\$51.23	Radiologic examination; esophagus
74230	-	-	\$98.10	\$19.65	\$78.45	Swallowing function, with esophageal radiography/videoradiography
74235	-	-	—	\$43.74	—	Removal of foreign body(s); esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	-	-	\$86.92	\$25.59	\$61.33	Radiologic examination; gastrointestinal tract, upper; with or without delayed images; without KUB

101 CMR: 318.00: Radiology

74241	-	-	\$90.57	\$25.59	\$64.98	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB
74245	-	-	\$132.28	\$33.62	\$98.66	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images
74246	-	-	\$98.15	\$25.59	\$72.56	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images; without KUB
74247	-	-	\$104.32	\$25.59	\$78.73	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images; with KUB
74249	-	-	\$142.10	\$33.62	\$108.48	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	-	-	\$80.29	\$17.27	\$63.02	Radiologic examination, small intestine, includes multiple serial images;
74251	-	-	\$175.60	\$25.59	\$150.02	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube
74260	-	-	\$168.62	\$18.60	\$150.02	Duodenography, hypotonic
74261	-	-	\$176.89	\$88.89	\$87.99	Computed tomographic (CT) colonography, diagnostic; including image postprocessing; without contrast material

101 CMR: 318.00: Radiology

74262	-	-	\$277.11	\$92.30	\$184.81	Computed tomographic (CT) colonography, diagnostic, including image postprocessing, with contrast material(s) including non-contrast images, if performed
74263	-	-	\$588.22	\$83.89	\$504.33	Computed tomographic (CT) colonography, screening, including image postprocessing
74270	-	-	\$104.32	\$25.59	\$78.73	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280	-	-	\$164.51	\$36.67	\$127.85	Radiologic examination, colon; air-contrast with specific high density barium, with or without glucagon
74283	-	-	\$155.62	\$75.20	\$80.42	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	-	-	\$54.12	\$11.87	\$42.25	Cholecystography, oral contrast
74300	-	-	-	\$13.33	—	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	-	-	-	\$7.65	-	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74328	-	-	-	\$26.12	-	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	-	-	-	\$26.41	-	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation

101 CMR: 318.00: Radiology

74330	-	-	-	\$33.65	-	Combined endoscopic catheterization of the biliary and pancreatic ductal systems; radiological supervision and interpretation
74340	-	-	-	\$19.91	-	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images; radiological supervision and interpretation
74355	-	-	-	\$28.13	-	Percutaneous placement of enteroclysis tube; radiological supervision and interpretation
74360	-	-	-	\$20.50	-	Intraluminal dilation of strictures and/or obstructions (eg, esophagus); radiological supervision and interpretation
74363	-	-	-	\$31.45	—	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent; radiological supervision and interpretation
74400	-	-	\$85.01	\$18.07	\$66.95	Urography (pyelography); intravenous, with or without KUB, with or without tomography
74410	-	-	\$83.61	\$17.79	\$65.82	Urography, infusion, drip technique and/or bolus technique;
74415	-	-	\$106.06	\$18.07	\$87.99	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	-	-	—	\$13.02	—	Urography, retrograde, with or without KUB
74425	-	-	—	\$12.90	—	Urography, antegrade (pyelostogram, nephrostogram, loopogram); radiological supervision and interpretation
74430	-	-	\$28.59	\$11.87	\$16.71	Cystography, minimum of 3 views; radiological supervision and interpretation

101 CMR: 318.00: Radiology

74440	-	-	\$62.80	\$13.53	\$49.27	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	-	-	—	\$40.04	—	Corpora cavernosography, radiological supervision and interpretation
74450	-	-	—	\$12.13	—	Urethrocytography, retrograde, radiological supervision and interpretation
74455	-	-	\$63.08	\$12.13	\$50.95	Urethrocytography, voiding, radiological supervision and interpretation
74470	-	-	-	\$19.35	—	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74485	-	-	\$70.98	\$19.19	\$51.79	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	-	-	\$27.70	\$12.67	\$15.03	Pelvimetry, with or without placental localization
74712	-	-	\$324.49	\$110.90	\$213.59	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	-	-	\$177.23	\$65.94	\$111.29	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
74740	-	-	\$57.62	\$13.97	\$43.65	Hysterosalpingography, radiological supervision and interpretation
74742	-	-	—	\$21.57	—	Transcervical catheterization of fallopian tube, radiological supervision and interpretation

101 CMR: 318.00: Radiology

74775	-	-	—	\$22.95	—	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	-	-	\$243.90	\$85.18	\$158.72	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75559	-	-	\$335.31	\$105.60	\$229.72	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	-	-	\$325.82	\$94.27	\$231.56	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75563	-	-	\$386.86	\$108.16	\$278.70	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75565	-	-	\$42.48	\$9.08	\$33.40	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	-	-	\$31.19	\$21.21	\$9.98	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	-	-	\$218.55	\$63.89	\$154.66	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)

101 CMR: 318.00: Radiology

75573	-	-	\$277.83	\$92.86	\$184.97	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	-	-	\$271.87	\$87.18	\$184.69	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75600	-	-	\$154.36	\$17.53	\$136.83	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	-	-	\$105.83	\$40.57	\$65.26	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	-	-	\$105.18	\$40.19	\$64.98	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	-	-	\$128.77	\$63.79	\$64.98	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	-	-	\$272.61	\$87.77	\$184.84	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

101 CMR: 318.00: Radiology

75658	-	-	\$127.40	\$45.98	\$81.41	Angiography, brachial, retrograde, radiological supervision and interpretation
75705	-	-	\$184.40	\$82.50	\$101.90	Angiography, spinal, selective, radiological supervision and interpretation
75710	-	-	\$125.26	\$40.76	\$84.50	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	-	-	\$143.67	\$46.67	\$97.01	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	-	-	\$114.78	\$40.54	\$74.24	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
75731	-	-	\$132.87	\$42.19	\$90.68	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	-	-	\$141.71	\$46.95	\$94.76	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	-	-	\$123.39	\$40.29	\$83.10	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	-	-	\$115.77	\$46.58	\$69.19	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	-	-	\$129.13	\$59.09	\$70.03	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	-	-	\$116.75	\$41.23	\$75.52	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	-	-	\$127.94	\$40.35	\$87.59	Angiography, internal mammary, radiological supervision and interpretation



101 CMR: 318.00: Radiology

75774	-	-	<del>\$68.21</del>	<del>\$12.77</del>	<del>\$55.44</del>	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75801	-	-	-	<del>\$31.52</del>	-	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	-	-	-	<del>\$43.24</del>	-	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	-	-	-	<del>\$29.94</del>	-	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	-	-	-	<del>\$43.40</del>	-	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	-	-	<del>\$76.92</del>	<del>\$17.55</del>	<del>\$59.37</del>	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	-	-	—	<del>\$42.35</del>	—	Splenoportography, radiological supervision and interpretation
75820	-	-	<del>\$88.89</del>	<del>\$25.31</del>	<del>\$63.58</del>	Venography, extremity, unilateral, radiological supervision and interpretation
75822	-	-	<del>\$105.31</del>	<del>\$38.09</del>	<del>\$67.23</del>	Venography, extremity, bilateral, radiological supervision and interpretation
75825	-	-	<del>\$103.77</del>	<del>\$40.76</del>	<del>\$63.02</del>	Venography, caval, inferior, with serialography, radiological supervision and interpretation

101 CMR: 318.00: Radiology

75827	-	-	\$105.61	\$40.63	\$64.98	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	-	-	\$107.80	\$40.29	\$67.51	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	-	-	\$124.61	\$51.90	\$72.72	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	-	-	\$114.19	\$42.19	\$72.00	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	-	-	\$138.21	\$54.83	\$83.38	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	-	-	\$109.61	\$40.69	\$68.91	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	-	-	\$113.63	\$42.19	\$71.44	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	-	-	\$107.49	\$38.86	\$68.63	Venography, epidural, radiological supervision and interpretation
75880	-	-	\$110.75	\$26.69	\$84.07	Venography, orbital, radiological supervision and interpretation
75885	-	-	\$120.94	\$50.90	\$70.03	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	-	-	\$121.90	\$51.31	\$70.60	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	-	-	\$110.70	\$40.38	\$70.31	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation

101 CMR: 318.00: Radiology

75891	-	-	\$111.54	\$40.95	\$70.60	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	-	-	\$92.19	\$19.91	\$72.28	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	-	-	-	\$48.07	-	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75898	-	-	-	\$61.05	-	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
75901	-	-	\$138.61	\$17.50	\$121.11	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	-	-	\$55.51	\$13.82	\$41.69	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75952	-	-	-	\$158.94	-	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953	-	-	-	\$48.10	-	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

101 CMR: 318.00: Radiology

75954	-	-	-	\$80.14	-	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation
75956	-	-	-	\$247.51	-	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subelavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957	-	-	-	\$212.40	-	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subelavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	-	-	-	\$141.12	-	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation

101 CMR: 318.00: Radiology

75959	-	-	-	\$123.15	-	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75970	-	-	-	\$29.61	-	Transcatheter biopsy, radiological supervision and interpretation
75984	-	-	\$81.80	\$25.79	\$56.00	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	-	-	\$91.77	\$43.07	\$48.71	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
76000	-	-	\$36.53	\$6.35	\$30.18	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	-	-	-	\$25.98	—	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010	-	-	\$19.79	\$6.73	\$13.06	Radiologic examination from nose to rectum for foreign body, single view, child

101 CMR: 318.00: Radiology

76080	-	-	\$41.95	\$19.35	\$22.61	Radiologic examination, abscess, fistula or sinus tract study; radiological supervision and interpretation
76098	-	-	\$12.55	\$5.94	\$6.61	Radiological examination; surgical specimen
76100	-	-	\$70.79	\$23.21	\$47.58	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101	-	-	\$101.91	\$25.14	\$76.77	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	-	-	\$135.34	\$25.30	\$110.04	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	-	-	\$64.64	\$14.25	\$50.39	Cineradiography/videoradiography, except where specifically included
76125	-	-	—	\$10.47	—	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	-	-	I.C.	-	-	Consultation on X-ray examination made elsewhere, written report
76376	-	-	\$17.50	\$7.24	\$10.26	3D-rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation

101 CMR: 318.00: Radiology

76377	-	-	\$53.72	\$29.15	\$24.57	3D-rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
76380	-	-	\$83.71	\$36.13	\$47.58	Computed tomography, limited or localized follow-up study
76390	-	-	\$346.45	\$51.63	\$294.82	Magnetic resonance spectroscopy
76496	-	-	I.C.	-	-	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	-	-	I.C.	-	-	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	-	-	I.C.	-	-	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	-	-	I.C.	-	-	Unlisted diagnostic radiographic procedure
76506	-	-	\$92.00	\$23.65	\$68.35	Echoencephalography, real-time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76510	-	-	\$130.81	\$66.66	\$64.14	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

101 CMR: 318.00: Radiology

76511	-	-	\$77.70	\$39.66	\$38.04	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	-	-	\$70.97	\$39.66	\$31.31	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	-	-	\$73.62	\$26.60	\$47.02	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	-	-	\$11.40	\$7.32	\$4.08	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	-	-	\$60.73	\$23.25	\$37.48	Ophthalmic biometry by ultrasound echography, A-scan;
76519	-	-	\$64.93	\$23.25	\$41.69	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	-	-	\$61.21	\$24.29	\$36.92	Ophthalmic ultrasonic foreign body localization
76536	-	-	\$90.45	\$20.70	\$69.75	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76604	-	-	\$68.03	\$19.88	\$48.14	Ultrasound, chest (includes mediastinum), real time with image documentation
76641	-	-	\$82.90	\$26.89	\$56.00	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	-	-	\$67.86	\$25.05	\$42.81	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited



101 CMR: 318.00: Radiology

76700	-	-	\$94.77	\$29.78	\$64.98	Ultrasound, abdominal, real time with image documentation; complete
76705	-	-	\$70.74	\$21.75	\$48.99	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ; quadrant, follow-up)
76770	-	-	\$87.64	\$27.15	\$60.49	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); real time with image documentation; complete
76706	-	-	\$73.32	\$20.70	\$52.62	Ultrasound, abdominal-aorta, real time with image documentation; screening study for abdominal aortic aneurysm (AAA)
76775	-	-	\$44.10	\$21.21	\$22.89	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); real time with image documentation; limited
76776	-	-	\$122.11	\$27.94	\$94.17	Ultrasound, transplanted kidney; real time and duplex Doppler with image documentation
76800	-	-	\$107.35	\$43.49	\$63.86	Ultrasound, spinal canal and contents
76801	-	-	\$94.63	\$36.95	\$57.69	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation, first trimester (<14 weeks 0 days); transabdominal approach; single or first gestation
76802	-	-	\$48.85	\$31.17	\$17.68	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation, first trimester (<14 weeks 0 days); transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

101 CMR: 318.00: Radiology

76805	-	-	\$109.66	\$37.10	\$72.56	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation; after first trimester (> or = 14 weeks 0 days); transabdominal approach; single or first gestation
76810	-	-	\$71.09	\$36.85	\$34.24	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation; after first trimester (> or = 14 weeks 0 days); transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	-	-	\$138.17	\$71.91	\$66.26	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	-	-	\$158.36	\$67.56	\$90.80	Ultrasound, pregnant uterus, real time with image documentation; fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	-	-	\$92.26	\$44.68	\$47.58	Ultrasound, pregnant uterus, real time with image documentation; first trimester fetal nuchal translucency measurement; transabdominal or transvaginal approach; single or first gestation

101 CMR: 318.00: Radiology

76814	-	-	\$61.14	\$37.70	\$23.45	Ultrasound, pregnant uterus, real time with image documentation; first trimester fetal nuchal translucency measurement; transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	-	-	\$64.85	\$24.00	\$40.85	Ultrasound, pregnant uterus, real time with image documentation; limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume); 1 or more fetuses
76816	-	-	\$88.68	\$32.12	\$56.56	Ultrasound, pregnant uterus, real time with image documentation; follow up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan); transabdominal approach, per fetus
76817	-	-	\$74.86	\$28.12	\$46.74	Ultrasound, pregnant uterus, real time with image documentation; transvaginal
76818	-	-	\$93.14	\$39.79	\$53.35	Fetal biophysical profile; with non-stress testing
76819	-	-	\$67.95	\$29.07	\$38.88	Fetal biophysical profile; without non-stress testing
76820	-	-	\$35.75	\$18.76	\$16.99	Doppler velocimetry, fetal; umbilical artery
76821	-	-	\$71.49	\$26.44	\$45.06	Doppler velocimetry, fetal; middle cerebral artery
76825	-	-	\$214.42	\$61.72	\$152.70	Echocardiography, fetal; cardiovascular system, real time with image documentation (2D); with or without M-mode recording;

101 CMR: 318.00: Radiology

76826	-	-	\$127.27	\$30.58	\$96.69	Echocardiography, fetal; cardiovascular system, real time with image documentation (2D); with or without M-mode recording; follow-up or repeat study
76827	-	-	\$58.41	\$21.21	\$37.20	Doppler echocardiography, fetal; pulsed wave and/or continuous wave with spectral display; complete
76828	-	-	\$40.66	\$20.86	\$19.80	Doppler echocardiography, fetal; pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	-	-	\$94.78	\$25.59	\$69.19	Ultrasound, transvaginal
76831	-	-	\$91.77	\$27.07	\$64.70	Saline infusion sonohysterography (SIS); including color flow Doppler; when performed
76856	-	-	\$84.96	\$25.31	\$59.65	Ultrasound, pelvic (nonobstetric); real time with image documentation; complete
76857	-	-	\$36.16	\$18.32	\$17.84	Ultrasound, pelvic (nonobstetric); real time with image documentation; limited or follow-up (eg, for follicles)
76870	-	-	\$51.40	\$23.47	\$27.94	Ultrasound, scrotum and contents
76872	-	-	\$72.58	\$24.72	\$47.86	Ultrasound, transrectal;
76873	-	-	\$128.62	\$57.46	\$71.16	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76881	-	-	\$88.88	\$23.05	\$65.82	Ultrasound, extremity; nonvascular, real-time with image documentation; complete
76882	-	-	\$26.92	\$18.07	\$8.86	Ultrasound, extremity; nonvascular, real-time with image documentation; limited, anatomic specific

101 CMR: 318.00: Radiology

76885	-	-	\$99.43	\$27.43	\$72.00	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
76886	-	-	\$82.17	\$22.52	\$59.65	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)
76930	-	-	-	\$24.08	-	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	-	-	-	\$24.08	-	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	-	-	\$207.98	\$70.72	\$137.26	Ultrasound-guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	-	-	\$23.99	\$10.52	\$13.47	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76940	-	-	-	\$74.47	-	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation

101 CMR: 318.00: Radiology

76941	-	-	-	\$49.81	-	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	-	-	\$46.00	\$24.51	\$21.48	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device); imaging supervision and interpretation
76945	-	-	—	\$25.39	—	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	-	-	\$24.67	\$14.41	\$10.26	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	-	-	\$45.46	\$14.44	\$31.03	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76965	-	-	\$67.65	\$48.97	\$18.68	Ultrasonic guidance for interstitial radioelement application
76970	-	-	\$72.45	\$14.20	\$58.25	Ultrasound study follow-up (specify)
76975	-	-	—	\$31.09	—	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	-	-	\$5.24	\$2.00	\$3.24	Ultrasound bone density measurement and interpretation; peripheral site(s), any method
76998	-	-	—	\$45.09	—	Ultrasonic guidance, intraoperative
76999	-	-	I.C.	-	-	Unlisted ultrasound procedure (eg, diagnostic, interventional)

101 CMR: 318.00: Radiology

77001	-	-	\$54.26	\$13.85	\$40.41	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
77002	-	-	\$71.57	\$20.62	\$50.95	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	-	-	\$65.66	\$22.29	\$43.37	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)
77011	-	-	\$172.27	\$46.11	\$126.16	Computed tomography guidance for stereotactic localization
77012	-	-	\$94.93	\$42.30	\$52.63	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	-	-	—	\$143.36	—	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	-	-	\$90.46	\$32.21	\$58.25	Computed tomography guidance for placement of radiation therapy fields

101 CMR: 318.00: Radiology

77021	-	-	\$313.59	\$55.25	\$258.34	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77022	-	-	—	\$155.84	—	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77053	-	-	\$44.76	\$13.18	\$31.59	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	-	-	\$59.01	\$16.76	\$42.25	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77058	-	-	\$414.61	\$59.98	\$354.63	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	-	-	\$414.61	\$59.98	\$354.63	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77061	-	-	I.C.	-	-	Digital breast tomosynthesis; unilateral
77062	-	-	I.C.	-	-	Digital breast tomosynthesis; bilateral
77063	-	-	\$41.93	\$22.01	\$19.93	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77065	-	-	\$77.11	\$27.97	\$49.14	Diagnostic mammography, including computer aided detection (CAD) when performed; unilateral
77066	-	-	\$96.17	\$34.22	\$61.95	Diagnostic mammography, including computer aided detection (CAD) when performed; bilateral



101 CMR: 318.00: Radiology

77067	-	-	\$105.82	\$40.56	\$65.26	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
77071	-	-	\$36.28	-	-	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated
77072	-	-	\$17.52	\$6.99	\$10.54	Bone age studies
77073	-	-	\$27.31	\$10.59	\$16.71	Bone length studies (orthoroentgenogram, scanogram)
77074	-	-	\$49.19	\$16.76	\$32.43	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	-	-	\$67.21	\$19.91	\$47.30	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	-	-	\$73.43	\$25.84	\$47.58	Radiologic examination, osseous survey, infant
77077	-	-	\$28.33	\$11.90	\$16.43	Joint survey, single view, 2 or more joints (specify)
77078	-	-	\$56.67	\$9.08	\$47.58	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
77080	-	-	\$31.81	\$7.52	\$24.29	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	-	-	\$21.38	\$8.03	\$13.35	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77084	-	-	\$272.80	\$59.21	\$213.59	Magnetic resonance (eg, proton) imaging, bone marrow blood supply

101 CMR: 318.00: Radiology

77085	-	-	\$43.51	\$11.36	\$32.15	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	-	-	\$27.40	\$6.47	\$20.92	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77261	-	-	\$55.52	-	-	Therapeutic radiology treatment planning; simple
77262	-	-	\$82.74	-	-	Therapeutic radiology treatment planning; intermediate
77263	-	-	\$120.75	-	-	Therapeutic radiology treatment planning; complex
77280	-	-	\$214.15	\$26.53	\$187.62	Therapeutic radiology simulation-aided field setting; simple
77285	-	-	\$337.92	\$40.01	\$297.91	Therapeutic radiology simulation-aided field setting; intermediate
77290	-	-	\$403.21	\$59.56	\$343.65	Therapeutic radiology simulation-aided field setting; complex
77293	-	-	\$363.03	\$76.19	\$286.84	Respiratory motion management simulation (List separately in addition to code for primary procedure)
77295	-	-	\$375.27	\$162.89	\$212.38	3-dimensional radiotherapy plan, including dose-volume histograms
77299	-	-	LC	-	-	Unlisted procedure, therapeutic radiology clinical treatment planning

101 CMR: 318.00: Radiology

77300	-	-	\$50.74	\$23.64	\$27.10	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	-	-	\$1,520.99	\$303.63	\$1,217.36	Intensity modulated radiotherapy plan, including dose volume histograms for target and critical structure partial tolerance specifications
77306	-	-	\$113.99	\$53.34	\$60.65	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest); includes basic dosimetry calculation(s)
77307	-	-	\$219.72	\$110.09	\$109.63	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations); includes basic dosimetry calculation(s)
77316	-	-	\$145.01	\$53.34	\$91.67	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel); includes basic dosimetry calculation(s)
77317	-	-	\$188.77	\$69.72	\$119.05	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels); includes basic dosimetry calculation(s)

101 CMR: 318.00: Radiology

77318	-	-	\$271.54	\$110.09	\$161.46	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels); includes basic dosimetry calculation(s)
77321	-	-	\$70.57	\$36.18	\$34.39	Special teletherapy port plan; particles, hemibody, total body
77331	-	-	\$47.75	\$33.00	\$14.75	Special dosimetry (eg, TLD; microdosimetry) (specify), only when prescribed by the treating physician
77332	-	-	\$63.97	\$20.87	\$43.09	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	-	-	\$39.41	\$31.95	\$7.45	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	-	-	\$117.16	\$47.12	\$70.03	Treatment devices, design and construction; complex (irregular blocks, special shields; compensators, wedges, molds or casts)
77336	-	-	\$61.99	-	-	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77338	-	-	\$388.89	\$162.89	\$226.00	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT); design and construction per IMRT plan
77370	-	-	\$95.04	-	-	Special medical radiation physics consultation

101 CMR: 318.00: Radiology

77371	-	-	I.C.	-	-	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	-	-	\$847.48	-	-	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	-	-	\$1,077.39	-	-	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions; including image guidance, entire course not to exceed 5 fractions
77385	-	-	I.C.	-	-	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	-	-	I.C.	-	-	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77387	-	-	I.C.	-	-	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
77399	-	-	I.C.	-	-	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	-	-	\$18.96	-	-	Radiation treatment delivery, superficial and/or ortho voltage, per day
77402	-	-	I.C.	-	-	Radiation treatment delivery, =>1 MeV; simple
77407	-	-	I.C.	-	-	Radiation treatment delivery, =>1 MeV; intermediate
77412	-	-	I.C.	-	-	Radiation treatment delivery, =>1 MeV; complex

101 CMR: 318.00: Radiology

77417	-	-	\$8.57	-	-	Therapeutic radiology port image(s)
77422	-	-	I.C.	-	-	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	-	-	I.C.	-	-	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77424	-	-	I.C.	-	-	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	-	-	I.C.	-	-	Intraoperative radiation treatment delivery, electrons, single treatment session
77427	-	-	\$135.77	-	-	Radiation treatment management, 5 treatments
77431	-	-	\$74.75	-	-	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432	-	-	\$304.72	-	-	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435	-	-	\$459.90	-	-	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77469	-	-	\$236.50	-	-	Intraoperative radiation treatment management
77470	-	-	\$117.25	\$79.34	\$37.92	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

101 CMR: 318.00: Radiology

77499	-	-	I.C.	-	-	Unlisted procedure, therapeutic radiology treatment management
77520	-	-	I.C.	-	-	Proton treatment delivery; simple, without compensation
77522	-	-	I.C.	-	-	Proton treatment delivery; simple, with compensation
77523	-	-	I.C.	-	-	Proton treatment delivery; intermediate
77525	-	-	I.C.	-	-	Proton treatment delivery; complex
77600	-	-	\$328.06	\$60.28	\$267.79	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	-	-	\$622.57	\$82.56	\$540.01	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	-	-	\$778.41	\$60.76	\$717.65	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	-	-	\$834.52	\$79.05	\$755.47	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	-	-	\$299.00	\$59.28	\$239.72	Hyperthermia generated by intracavitary probe(s)
77750	-	-	\$278.98	\$189.68	\$89.30	Infusion or instillation of radioelement solution (includes 3-month follow up care)
77761	-	-	\$296.24	\$144.20	\$152.04	Intracavitary radiation source application; simple
77762	-	-	\$392.83	\$218.46	\$174.37	Intracavitary radiation source application; intermediate
77763	-	-	\$554.74	\$329.11	\$225.63	Intracavitary radiation source application; complex
77767	-	-	\$174.62	\$40.01	\$134.61	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

101 CMR: 318.00: Radiology

77768	-	-	\$274.42	\$53.06	\$221.36	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	-	-	\$247.97	\$74.19	\$173.77	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	-	-	\$460.94	\$144.42	\$316.52	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	-	-	\$705.28	\$205.00	\$500.28	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	-	-	\$593.12	\$303.04	\$290.08	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77789	-	-	\$91.30	\$43.72	\$47.58	Surface application of low dose rate radionuclide source
77790	-	-	\$11.66	-	-	Supervision, handling, loading of radiation source
77799	-	-	I.C.	-	-	Unlisted procedure, clinical brachytherapy
78012	-	-	\$63.70	\$6.99	\$56.72	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013	-	-	\$154.50	\$13.43	\$141.07	Thyroid imaging (including vascular flow, when performed);



101 CMR: 318.00: Radiology

78014	-	-	\$195.59	\$18.04	\$177.55	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015	-	-	\$177.49	\$24.08	\$153.41	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	-	-	\$225.52	\$25.08	\$200.43	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	-	-	\$252.55	\$30.50	\$222.04	Thyroid carcinoma metastases imaging; whole body
78020	-	-	\$66.22	\$20.45	\$45.77	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	-	-	\$242.15	\$28.69	\$213.47	Parathyroid planar imaging (including subtraction, when performed);
78071	-	-	\$288.51	\$43.17	\$245.34	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	-	-	\$332.58	\$56.37	\$276.21	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
78075	-	-	\$346.85	\$25.87	\$320.98	Adrenal imaging, cortex and/or medulla
78099	-	-	I.C.	-	-	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	-	-	\$136.53	\$19.60	\$116.93	Bone marrow imaging; limited area
78103	-	-	\$179.13	\$26.56	\$152.57	Bone marrow imaging; multiple areas
78104	-	-	\$197.53	\$28.12	\$169.41	Bone marrow imaging; whole body

101 CMR: 318.00: Radiology

78110	-	-	\$75.65	\$6.99	\$68.66	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	-	-	\$77.54	\$8.03	\$69.50	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	-	-	\$75.55	\$8.57	\$66.98	Red cell volume determination (separate procedure); single sampling
78121	-	-	\$81.94	\$11.87	\$70.06	Red cell volume determination (separate procedure); multiple samplings
78122	-	-	\$77.97	\$15.76	\$62.21	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	-	-	\$134.98	\$22.39	\$112.60	Red cell survival study;
78135	-	-	\$282.96	\$23.59	\$259.37	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
78140	-	-	\$109.16	\$22.54	\$86.62	Labeled red cell sequestration; differential organ/tissue (eg, splenic and/or hepatic)
78185	-	-	\$171.54	\$14.76	\$156.78	Spleen imaging only, with or without vascular flow
78190	-	-	\$317.21	\$40.17	\$277.05	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	-	-	\$134.98	\$22.39	\$112.60	Platelet survival study
78195	-	-	\$286.70	\$43.32	\$243.37	Lymphatics and lymph nodes imaging
78199	-	-	I.C.	-	-	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	-	-	\$151.80	\$15.51	\$136.29	Liver imaging; static only

101 CMR: 318.00: Radiology

78202	-	-	\$163.14	\$17.58	\$145.56	Liver imaging; with vascular flow
78205	-	-	\$170.38	\$24.82	\$145.56	Liver imaging (SPECT);
78206	-	-	\$276.59	\$34.34	\$242.25	Liver imaging (SPECT); with vascular flow
78215	-	-	\$157.17	\$17.79	\$139.38	Liver and spleen imaging; static only
78216	-	-	\$100.56	\$20.11	\$80.45	Liver and spleen imaging; with vascular flow
78226	-	-	\$268.56	\$26.87	\$241.69	Hepatobiliary system imaging, including gallbladder when present;
78227	-	-	\$292.17	\$32.80	\$259.37	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78230	-	-	\$113.74	\$13.92	\$99.81	Salivary gland imaging;
78231	-	-	\$104.33	\$19.40	\$84.94	Salivary gland imaging; with serial images
78232	-	-	\$78.89	\$14.44	\$64.45	Salivary gland function study
78258	-	-	\$178.60	\$26.87	\$151.73	Esophageal motility
78261	-	-	\$200.61	\$25.03	\$175.58	Gastric mucosa imaging
78262	-	-	\$197.39	\$24.33	\$173.06	Gastroesophageal reflux study
78264	-	-	\$270.80	\$26.87	\$243.93	Gastric emptying imaging study (eg, solid, liquid, or both);
78265	-	-	\$294.94	\$35.41	\$259.52	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	-	-	\$383.25	\$39.25	\$344.00	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit; multiple days
78267	-	-	I.C.	-	-	Urea breath test, C-14 (isotopic); acquisition for analysis
78268	-	-	I.C.	-	-	Urea breath test, C-14 (isotopic); analysis

101 CMR: 318.00: Radiology

78270	-	-	\$81.52	\$7.80	\$73.71	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	-	-	\$72.53	\$7.52	\$65.01	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	-	-	\$77.69	\$9.88	\$67.82	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	-	-	\$281.85	\$35.95	\$245.90	Acute gastrointestinal blood loss imaging
78282	-	-	-	\$13.97	-	Gastrointestinal protein loss
78290	-	-	\$270.39	\$24.77	\$245.62	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	-	-	\$202.95	\$31.01	\$171.94	Peritoneal venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	-	-	I.C.	-	-	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	-	-	\$145.50	\$22.95	\$122.54	Bone and/or joint imaging; limited area
78305	-	-	\$185.83	\$30.17	\$155.66	Bone and/or joint imaging; multiple areas
78306	-	-	\$203.15	\$31.22	\$171.94	Bone and/or joint imaging; whole body
78315	-	-	\$280.09	\$37.00	\$243.09	Bone and/or joint imaging; 3 phase study
78320	-	-	\$182.79	\$36.95	\$145.84	Bone and/or joint imaging; tomographic (SPECT)
78350	-	-	\$25.31	\$8.03	\$17.27	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
78351	-	-	\$11.08	-	-	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites
78399	-	-	I.C.	-	-	Unlisted musculoskeletal procedure, diagnostic nuclear medicine

101 CMR: 318.00: Radiology

78414	-	-	-	-	-	Determination of central e-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	-	-	\$144.67	\$27.74	\$116.93	Cardiac shunt detection
78445	-	-	\$141.30	\$17.07	\$124.23	Non-cardiac vascular flow imaging (ie, angiography, venography)
78451	-	-	\$274.31	\$49.46	\$224.85	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	-	-	\$380.83	\$58.01	\$322.82	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	-	-	\$245.06	\$36.21	\$208.85	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

101 CMR: 318.00: Radiology

78454	-	-	<del>\$352.74</del>	<del>\$49.15</del>	<del>\$303.58</del>	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78456	-	-	<del>\$254.73</del>	<del>\$35.77</del>	<del>\$218.96</del>	Acute venous thrombosis imaging, peptide
78457	-	-	<del>\$150.65</del>	<del>\$27.82</del>	<del>\$122.82</del>	Venous thrombosis imaging, venogram; unilateral
78458	-	-	<del>\$133.83</del>	<del>\$27.85</del>	<del>\$105.99</del>	Venous thrombosis imaging, venogram; bilateral
78459	-	-	-	<del>\$51.97</del>	-	Myocardial imaging, positron emission tomography (PET); metabolic evaluation
78466	-	-	<del>\$153.31</del>	<del>\$25.71</del>	<del>\$127.59</del>	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	-	-	<del>\$158.93</del>	<del>\$28.81</del>	<del>\$130.12</del>	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	-	-	<del>\$181.80</del>	<del>\$33.44</del>	<del>\$148.36</del>	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	-	-	<del>\$184.06</del>	<del>\$35.13</del>	<del>\$148.92</del>	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing

101 CMR: 318.00: Radiology

78473	-	-	<del>\$231.15</del>	<del>\$52.33</del>	<del>\$178.83</del>	Cardiac blood pool imaging, gated equilibrium; multiple studies; wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic); with or without additional quantification
78481	-	-	<del>\$139.13</del>	<del>\$34.98</del>	<del>\$104.15</del>	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic); wall motion study plus ejection fraction, with or without quantification
78483	-	-	<del>\$192.27</del>	<del>\$52.33</del>	<del>\$139.94</del>	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic); wall motion study plus ejection fraction, with or without quantification
78491	-	-	-	<del>\$52.53</del>	-	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	-	-	-	<del>\$65.81</del>	-	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	-	-	<del>\$179.61</del>	<del>\$42.76</del>	<del>\$136.86</del>	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	-	-	<del>\$34.32</del>	<del>\$17.89</del>	<del>\$16.43</del>	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	-	-	I.C.	-	-	Unlisted cardiovascular procedure, diagnostic nuclear medicine

101 CMR: 318.00: Radiology

78579	-	-	\$150.84	\$17.35	\$133.49	Pulmonary ventilation imaging (eg, aerosol or gas)
78580	-	-	\$193.19	\$26.87	\$166.32	Pulmonary perfusion imaging (eg, particulate)
78582	-	-	\$270.30	\$38.72	\$231.59	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78597	-	-	\$162.70	\$26.13	\$136.57	Quantitative differential pulmonary perfusion, including imaging when performed
78598	-	-	\$248.08	\$30.53	\$217.55	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
78599	-	-	I.C.	-	-	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	-	-	\$149.71	\$16.50	\$133.21	Brain imaging, less than 4 static views;
78601	-	-	\$172.83	\$18.30	\$154.54	Brain imaging, less than 4 static views; with vascular flow
78605	-	-	\$160.72	\$19.65	\$141.07	Brain imaging, minimum 4 static views;
78606	-	-	\$268.37	\$23.03	\$245.34	Brain imaging, minimum 4 static views; with vascular flow
78607	-	-	\$282.54	\$43.38	\$239.16	Brain imaging, tomographic (SPECT)
78608	-	-	-	\$52.69	-	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	-	-	\$55.03	\$55.03	-	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	-	-	\$141.76	\$11.08	\$130.68	Brain imaging, vascular flow only
78630	-	-	\$274.32	\$24.77	\$249.55	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography



101 CMR: 318.00: Radiology

78635	-	-	\$274.89	\$22.54	\$252.35	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	-	-	\$261.80	\$20.40	\$241.41	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	-	-	\$282.91	\$33.09	\$249.83	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	-	-	\$267.04	\$21.98	\$245.06	Cerebrospinal fluid leakage detection and localization
78660	-	-	\$145.28	\$19.65	\$125.63	Radiopharmaceutical dacryocystography
78699	-	-	I.C.	-	-	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	-	-	\$138.87	\$16.32	\$122.54	Kidney imaging morphology;
78701	-	-	\$170.48	\$17.35	\$153.13	Kidney imaging morphology; with vascular flow
78707	-	-	\$186.63	\$34.34	\$152.29	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
78708	-	-	\$137.78	\$43.42	\$94.35	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	-	-	\$292.35	\$50.39	\$241.97	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	-	-	\$161.24	\$22.42	\$138.82	Kidney imaging morphology; tomographic (SPECT)

101 CMR: 318.00: Radiology

78725	-	-	\$87.12	\$13.41	\$73.71	Kidney function study, non-imaging radioisotopic study
78730	-	-	\$61.68	\$5.68	\$56.00	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	-	-	\$176.18	\$20.24	\$155.94	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	-	-	\$168.01	\$26.38	\$141.63	Testicular imaging with vascular flow
78799	-	-	I.C.	-	-	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	-	-	\$153.57	\$24.57	\$129.00	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	-	-	\$210.09	\$29.18	\$180.92	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	-	-	\$262.65	\$30.78	\$231.87	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	-	-	\$274.31	\$38.23	\$236.08	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	-	-	\$459.76	\$38.28	\$421.48	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging
78805	-	-	\$146.35	\$26.33	\$120.02	Radiopharmaceutical localization of inflammatory process; limited area

101 CMR: 318.00: Radiology

78806	-	-	\$269.38	\$30.78	\$238.60	Radiopharmaceutical localization of inflammatory process; whole body
78807	-	-	\$274.31	\$37.95	\$236.36	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78808	-	-	\$35.95	-	-	Injection procedure for radiopharmaceutical localization by non-imaging probe study; intravenous (eg, parathyroid adenoma)
78811	-	-	-	\$56.83	-	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	-	-	-	\$69.06	-	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	-	-	-	\$72.13	-	Positron emission tomography (PET) imaging; whole body
78814	-	-	-	\$79.66	-	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	-	-	-	\$87.92	-	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	-	-	-	\$88.62	-	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
78999	-	-	I.C.	-	-	Unlisted miscellaneous procedure; diagnostic nuclear medicine

101 CMR: 318.00: Radiology

79005	-	-	\$103.50	\$64.74	\$38.76	Radiopharmaceutical therapy, by oral administration
79101	-	-	\$108.00	\$70.24	\$37.76	Radiopharmaceutical therapy, by intravenous administration
79200	-	-	\$121.27	\$75.22	\$46.05	Radiopharmaceutical therapy, by intracavitary administration
79300	-	-	-	\$58.87	-	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	-	-	\$146.64	\$81.62	\$65.01	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	-	-	\$109.73	\$70.01	\$39.73	Radiopharmaceutical therapy, by intra-articular administration
79445	-	-	-	\$84.65	-	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	-	-	I.C.	-	-	Radiopharmaceutical therapy, unlisted procedure
A4641	-	-	I.C.	-	-	Radiopharmaceutical, diagnostic, not otherwise classified
A4648	-	-	I.C.	-	-	Tissue marker, implantable, any type, each
A9500	-	-	I.C.	-	-	Technetium tc-99m sestamibi, diagnostic, per study dose
A9502	-	-	I.C.	-	-	Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	-	-	I.C.	-	-	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9505	-	-	I.C.	-	-	Thallium Tl-201 thallous chloride, diagnostic, per millicurie
A9512	-	-	I.C.	-	-	Technetium Tc-99m pertechnetate, diagnostic, per millicurie

101 CMR: 318.00: Radiology

A9537	-	-	LC	-	-	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
G0202	-	-	\$103.46	\$25.56	\$77.89	Screening mammography, producing direct digital image, bilateral, all views
G0204	-	-	\$126.49	\$32.04	\$94.45	Diagnostic mammography, producing direct 2D digital image, bilateral, all views
G0206	-	-	\$99.25	\$25.56	\$73.68	Diagnostic mammography, producing direct 2D digital image, unilateral, all views
G0279	-	-	\$41.93	\$22.01	\$19.93	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)
G0297	-	-	\$196.81	\$37.53	\$159.28	Low dose CT scan (LDCT) for lung cancer screening
G6001	-	-	\$39.17	\$21.90	\$17.27	Ultrasonic guidance for placement of radiation therapy fields
G6002	-	-	\$58.16	\$14.79	\$43.37	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	-	-	\$147.49	-	-	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
G6004	-	-	\$114.09	-	-	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
G6005	-	-	\$113.81	-	-	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev

101 CMR: 318.00: Radiology

G6006	-	-	\$113.53	-	-	Radiation treatment delivery, single treatment area, single port or parallel-opposed ports, simple blocks or no blocks; 20 mev or greater
G6007	-	-	\$237.29	-	-	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 mev
G6008	-	-	\$157.87	-	-	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 mev
G6009	-	-	\$156.19	-	-	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 mev
G6010	-	-	\$155.91	-	-	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 mev or greater
G6011	-	-	\$253.57	-	-	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
G6012	-	-	\$208.11	-	-	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev
G6013	-	-	\$208.39	-	-	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev

101 CMR: 318.00: Radiology

G6014	-	-	\$208.39	-	-	Radiation treatment delivery, 3 or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; compensators; electron beam; 20 mev or greater
G6015	-	-	\$271.72	-	-	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams; binary, dynamic MLC, per treatment session
R0070	-	-	L.C.	-	-	Transportation of portable x ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

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70010	.	.	\$47.41	.	.	
70015	.	.	\$122.97	\$47.60	\$75.37	
70030	.	.	\$22.39	\$6.53	\$15.86	
70100	.	.	\$26.51	\$7.10	\$19.41	
70110	.	.	\$30.47	\$9.88	\$20.59	
70120	.	.	\$27.40	\$7.10	\$20.30	
70130	.	.	\$44.02	\$13.36	\$30.66	
70134	.	.	\$41.49	\$13.79	\$27.70	
70140	.	.	\$23.82	\$8.26	\$15.56	
70150	.	.	\$33.41	\$10.45	\$22.96	
70160	.	.	\$26.24	\$6.83	\$19.41	
70170	.	.	.	\$11.69	.	
70190	.	.	\$28.80	\$8.80	\$20.00	
70200	.	.	\$33.95	\$10.99	\$22.96	
70210	.	.	\$23.87	\$6.83	\$17.04	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
70220	.	.	\$30.18	\$9.88	\$20.30	
70240	.	.	\$24.11	\$7.67	\$16.45	
70250	.	.	\$29.02	\$9.90	\$19.11	
70260	.	.	\$36.62	\$13.66	\$22.96	
70300	.	.	\$11.91	\$4.64	\$7.27	
70310	.	.	\$29.82	\$6.26	\$23.55	
70320	.	.	\$42.69	\$9.36	\$33.32	
70328	.	.	\$24.73	\$7.10	\$17.63	
70330	.	.	\$38.20	\$9.90	\$28.29	
70332	.	.	\$65.44	\$24.42	\$41.02	
70336	.	.	\$261.90	\$57.28	\$204.62	
70350	.	.	\$15.74	\$7.88	\$7.86	
70355	.	.	\$16.26	\$8.69	\$7.57	
70360	.	.	\$22.69	\$6.53	\$16.15	
70370	.	.	\$62.43	\$12.53	\$49.90	
70371	.	.	\$73.12	\$33.28	\$39.84	
70380	.	.	\$29.20	\$7.13	\$22.07	
70390	.	.	\$76.78	\$14.74	\$62.04	
70450	.	.	\$93.82	\$33.26	\$60.56	
70460	.	.	\$130.86	\$43.95	\$86.91	
70470	.	.	\$155.53	\$49.67	\$105.86	
70480	.	.	\$142.78	\$49.94	\$92.83	
70481	.	.	\$225.28	\$53.69	\$171.59	
70482	.	.	\$245.99	\$56.18	\$189.81	
70486	.	.	\$113.66	\$33.26	\$80.40	
70487	.	.	\$136.49	\$43.95	\$92.54	
70488	.	.	\$166.49	\$49.37	\$117.11	
70490	.	.	\$142.78	\$49.94	\$92.83	
70491	.	.	\$191.53	\$53.99	\$137.54	
70492	.	.	\$226.58	\$56.47	\$170.11	

Field Code Changed



101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
70496	.	.	\$239.03	\$67.87	\$171.16	
70498	.	.	\$238.14	\$67.87	\$170.27	
70540	.	.	\$277.63	\$52.29	\$225.34	
70542	.	.	\$328.91	\$63.01	\$265.90	
70543	.	.	\$402.05	\$83.44	\$318.61	
70544	.	.	\$272.23	\$46.89	\$225.34	
70545	.	.	\$317.83	\$46.59	\$271.23	
70546	.	.	\$444.37	\$70.11	\$374.27	
70547	.	.	\$272.23	\$46.89	\$225.34	
70548	.	.	\$339.44	\$46.89	\$292.55	
70549	.	.	\$444.37	\$70.11	\$374.27	
70551	.	.	\$186.83	\$57.58	\$129.25	
70552	.	.	\$259.97	\$69.27	\$190.70	
70553	.	.	\$306.51	\$89.17	\$217.35	
70554	.	.	\$367.84	\$82.53	\$285.31	
70555	.	.	.	\$98.16	.	
70557	.	.	.	\$113.41	.	
70558	.	.	.	\$124.93	.	
70559	.	.	.	\$125.72	.	
71045	▲ -	▲ -	▲ \$16.21	▲ \$7.28	▲ \$8.93	▲
71046	▲ -	▲ -	▲ \$25.06	▲ \$8.67	▲ \$16.39	
71047	▲ -	▲ -	▲ \$32.09	▲ \$11.22	▲ \$20.87	
71048	▲ -	▲ -	▲ \$34.38	▲ \$12.91	▲ \$21.46	
71100	.	.	\$26.40	\$8.77	\$17.63	
71101	.	.	\$29.10	\$10.58	\$18.52	
71110	.	.	\$30.12	\$10.72	\$19.41	
71111	.	.	\$38.45	\$12.82	\$25.63	
71120	.	.	\$23.79	\$7.94	\$15.86	
71130	.	.	\$29.07	\$8.77	\$20.30	
71250	.	.	\$132.63	\$39.79	\$92.83	

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101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
71260	.	.	\$186.70	\$48.56	\$138.13	
71270	.	.	\$224.40	\$53.69	\$170.70	
71275	.	.	\$243.29	\$70.65	\$172.64	
71550	.	.	\$282.09	\$56.74	\$225.34	
71551	.	.	\$375.27	\$67.03	\$308.24	
71552	.	.	\$462.19	\$88.06	\$374.13	
71555	.	.	\$324.57	\$69.62	\$254.95	
72020	.	.	\$17.70	\$5.99	\$11.71	
72040	.	.	\$26.70	\$8.77	\$17.93	
72050	.	.	\$36.11	\$12.26	\$23.85	
72052	.	.	\$45.45	\$14.20	\$31.25	
72070	.	.	\$27.29	\$8.77	\$18.52	
72072	.	.	\$27.88	\$8.48	\$19.41	
72074	.	.	\$31.73	\$8.48	\$23.26	
72080	.	.	\$24.63	\$8.48	\$16.15	
72081	.	.	\$31.20	\$10.31	\$20.89	
72082	.	.	\$50.61	\$12.55	\$38.06	
72083	.	.	\$54.95	\$13.63	\$41.32	
72084	.	.	\$65.75	\$15.85	\$49.90	
72100	.	.	\$28.18	\$8.77	\$19.41	
72110	.	.	\$39.36	\$12.26	\$27.11	
72114	.	.	\$50.59	\$12.82	\$37.77	
72120	.	.	\$32.62	\$8.77	\$23.85	
72125	.	.	\$134.57	\$41.73	\$92.83	
72126	.	.	\$186.45	\$47.43	\$139.02	
72127	.	.	\$221.26	\$49.37	\$171.89	
72128	.	.	\$131.79	\$38.96	\$92.83	
72129	.	.	\$186.75	\$47.43	\$139.32	
72130	.	.	\$222.74	\$49.37	\$173.37	
72131	.	.	\$131.79	\$38.96	\$92.83	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
72132	.	.	\$186.16	\$47.43	\$138.73	
72133	.	.	\$220.83	\$49.24	\$171.59	
72141	.	.	\$181.37	\$57.74	\$123.63	
72142	.	.	\$264.28	\$69.73	\$194.55	
72146	.	.	\$181.37	\$57.74	\$123.63	
72147	.	.	\$261.45	\$69.27	\$192.18	
72148	.	.	\$180.48	\$57.74	\$122.74	
72149	.	.	\$261.02	\$69.73	\$191.29	
72156	.	.	\$307.99	\$89.17	\$218.83	
72157	.	.	\$308.59	\$89.17	\$219.42	
72158	.	.	\$307.40	\$89.17	\$218.24	
72159	.	.	\$340.75	\$70.40	\$270.35	
72170	.	.	\$25.65	\$6.83	\$18.82	
72190	.	.	\$30.87	\$8.50	\$22.37	
72191	.	.	\$247.92	\$70.24	\$177.67	
72192	.	.	\$117.94	\$42.57	\$75.37	
72193	.	.	\$184.24	\$45.22	\$139.02	
72194	.	.	\$212.80	\$47.43	\$165.37	
72195	.	.	\$282.38	\$57.04	\$225.34	
72196	.	.	\$336.49	\$67.62	\$268.86	
72197	.	.	\$413.18	\$88.06	\$325.12	
72198	.	.	\$327.42	\$69.51	\$257.91	
72200	.	.	\$22.98	\$6.83	\$16.15	
72202	.	.	\$26.48	\$7.37	\$19.11	
72220	.	.	\$22.69	\$6.83	\$15.86	
72240	.	.	\$78.27	\$35.47	\$42.80	
72255	.	.	\$77.84	\$35.93	\$41.91	
72265	.	.	\$73.74	\$32.42	\$41.32	
72270	.	.	\$101.36	\$52.05	\$49.31	
72275	.	.	\$93.59	\$30.66	\$62.93	

Field Code Changed

101 CMR: 318.00: Radiology

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72285	.	.	\$90.98	\$47.29	\$43.69	
72295	.	.	\$79.23	\$33.77	\$45.46	
73000	.	.	\$22.12	\$6.56	\$15.56	
73010	.	.	\$24.17	\$7.13	\$17.04	
73020	.	.	\$18.30	\$5.99	\$12.30	
73030	.	.	\$23.25	\$7.40	\$15.86	
73040	.	.	\$81.27	\$21.30	\$59.97	
73050	.	.	\$28.53	\$8.23	\$20.30	
73060	.	.	\$23.30	\$6.56	\$16.74	
73070	.	.	\$21.85	\$6.29	\$15.56	
73080	.	.	\$25.05	\$6.83	\$18.22	
73085	.	.	\$78.77	\$22.35	\$56.42	
73090	.	.	\$20.64	\$6.56	\$14.08	
73092	.	.	\$21.82	\$6.26	\$15.56	
73100	.	.	\$23.30	\$6.56	\$16.74	
73110	.	.	\$28.61	\$6.83	\$21.78	
73115	.	.	\$86.76	\$22.05	\$64.71	
73120	.	.	\$20.93	\$6.56	\$14.38	
73130	.	.	\$24.76	\$6.83	\$17.93	
73140	.	.	\$25.45	\$5.45	\$20.00	
73200	.	.	\$131.79	\$38.96	\$92.83	
73201	.	.	\$181.58	\$45.22	\$136.36	
73202	.	.	\$227.01	\$47.43	\$179.58	
73206	.	.	\$264.93	\$69.78	\$195.14	
73218	.	.	\$277.93	\$52.59	\$225.34	
73219	.	.	\$330.98	\$63.30	\$267.68	
73220	.	.	\$408.56	\$83.74	\$324.82	
73221	.	.	\$191.77	\$52.88	\$138.89	
73222	.	.	\$309.07	\$63.30	\$245.77	
73223	.	.	\$382.80	\$83.74	\$299.06	

Field Code Changed

101 CMR: 318.00: Radiology

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73225	.	.	\$331.16	\$66.44	\$264.72	
73501	.	.	\$23.84	\$7.40	\$16.45	
73502	.	.	\$33.51	\$8.77	\$24.74	
73503	.	.	\$41.83	\$11.18	\$30.66	
73521	.	.	\$32.03	\$9.07	\$22.96	
73522	.	.	\$39.41	\$11.72	\$27.70	
73523	.	.	\$45.88	\$12.55	\$33.32	
73525	.	.	\$82.32	\$22.35	\$59.97	
73551	.	.	\$22.41	\$6.56	\$15.86	
73552	.	.	\$26.21	\$7.40	\$18.82	
73560	.	.	\$25.08	\$6.56	\$18.52	
73562	.	.	\$28.88	\$7.40	\$21.48	
73564	.	.	\$31.73	\$8.77	\$22.96	
73565	.	.	\$28.93	\$6.86	\$22.07	
73580	.	.	\$93.87	\$22.05	\$71.81	
73590	.	.	\$23.01	\$6.56	\$16.45	
73592	.	.	\$22.41	\$6.26	\$16.15	
73600	.	.	\$24.19	\$6.56	\$17.63	
73610	.	.	\$25.05	\$6.83	\$18.22	
73615	.	.	\$85.12	\$22.48	\$62.64	
73620	.	.	\$20.93	\$5.97	\$14.97	
73630	.	.	\$23.28	\$6.53	\$16.74	
73650	.	.	\$21.82	\$6.26	\$15.56	
73660	.	.	\$22.79	\$5.16	\$17.63	
73700	.	.	\$131.79	\$38.96	\$92.83	
73701	.	.	\$184.24	\$45.22	\$139.02	
73702	.	.	\$224.35	\$47.14	\$177.21	
73706	.	.	\$268.58	\$73.56	\$195.01	
73718	.	.	\$277.93	\$52.59	\$225.34	
73719	.	.	\$330.69	\$63.01	\$267.68	

Field Code Changed

101 CMR: 318.00: Radiology

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73720	.	.	\$410.93	\$83.74	\$327.19	
73721	.	.	\$192.07	\$52.88	\$139.19	
73722	.	.	\$312.04	\$63.30	\$248.73	
73723	.	.	\$384.28	\$83.74	\$300.54	
73725	.	.	\$327.97	\$70.05	\$257.91	
74018			\$22.48	\$7.28	\$15.20	
74019			\$27.42	\$9.24	\$18.18	
74021			\$32.07	\$10.91	\$21.16	
74022	.	.	\$35.78	\$12.53	\$23.26	
74150	.	.	\$120.51	\$46.32	\$74.18	
74160	.	.	\$187.80	\$49.67	\$138.13	
74170	.	.	\$213.69	\$54.53	\$159.15	
74174	.	.	\$315.93	\$84.96	\$230.97	
74175	.	.	\$249.21	\$70.35	\$178.86	
74176	.	.	\$161.02	\$67.89	\$93.13	
74177	.	.	\$252.90	\$70.94	\$181.95	
74178	.	.	\$287.08	\$78.31	\$208.76	
74181	.	.	\$272.32	\$56.74	\$215.57	
74182	.	.	\$371.72	\$67.33	\$304.39	
74183	.	.	\$413.77	\$88.06	\$325.71	
74185	.	.	\$329.20	\$69.51	\$259.69	
74190	.	.	.	\$18.20	.	
74210	.	.	\$63.21	\$13.90	\$49.31	
74220	.	.	\$72.00	\$17.95	\$54.05	
74230	.	.	\$103.50	\$20.73	\$82.77	
74235	.	.	.	\$46.15	.	
74240	.	.	\$91.70	\$27.00	\$64.71	
74241	.	.	\$95.55	\$27.00	\$68.56	
74245	.	.	\$139.56	\$35.47	\$104.09	
74246	.	.	\$103.55	\$27.00	\$76.55	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
74247	.	.	\$110.06	\$27.00	\$83.06	
74249	.	.	\$149.92	\$35.47	\$114.45	
74250	.	.	\$84.71	\$18.22	\$66.48	
74251	.	.	\$185.26	\$27.00	\$158.27	
74260	.	.	\$177.89	\$19.63	\$158.27	
74261	.	.	\$186.62	\$93.78	\$92.83	
74262	.	.	\$292.35	\$97.37	\$194.98	
74263	.	.	\$620.58	\$88.50	\$532.07	
74270	.	.	\$110.06	\$27.00	\$83.06	
74280	.	.	\$173.56	\$38.68	\$134.88	
74283	.	.	\$164.18	\$79.34	\$84.84	
74290	.	.	\$57.10	\$12.53	\$44.57	
74300	.	.	.	\$14.07	.	
74301	.	.	.	\$8.07	.	
74328	.	.	.	\$27.56	.	
74329	.	.	.	\$27.86	.	
74330	.	.	.	\$35.50	.	
74340	.	.	.	\$21.00	.	
74355	.	.	.	\$29.67	.	
74360	.	.	.	\$21.63	.	
74363	.	.	.	\$33.18	.	
74400	.	.	\$89.69	\$19.06	\$70.63	
74410	.	.	\$88.21	\$18.76	\$69.44	
74415	.	.	\$111.89	\$19.06	\$92.83	
74420	.	.	.	\$13.74	.	
74425	.	.	.	\$13.61	.	
74430	.	.	\$30.16	\$12.53	\$17.63	
74440	.	.	\$66.26	\$14.28	\$51.98	
74445	.	.	.	\$42.25	.	
74450	.	.	.	\$12.80	.	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
74455	.	.	\$66.55	\$12.80	\$53.75	
74470	.	.	.	\$20.41	.	
74485	.	.	\$74.89	\$20.25	\$54.64	
74710	.	.	\$29.22	\$13.36	\$15.86	
74712	.	.	\$342.34	\$117.00	\$225.34	
74713	.	.	\$186.97	\$69.57	\$117.41	
74740	.	.	\$60.79	\$14.74	\$46.06	
74742	.	.	.	\$22.76	.	
74775	.	.	.	\$24.22	.	
75557	.	.	\$257.31	\$89.87	\$167.44	
75559	.	.	\$353.76	\$111.41	\$242.35	
75561	.	.	\$343.74	\$99.45	\$244.29	
75563	.	.	\$408.14	\$114.11	\$294.03	
75565	.	.	\$44.82	\$9.58	\$35.23	
75571	.	.	\$32.91	\$22.38	\$10.53	
75572	.	.	\$230.57	\$67.41	\$163.17	
75573	.	.	\$293.11	\$97.97	\$195.14	
75574	.	.	\$286.82	\$91.97	\$194.85	
75600	.	.	\$162.85	\$18.50	\$144.35	
75605	.	.	\$111.65	\$42.80	\$68.85	
75625	.	.	\$110.96	\$42.40	\$68.56	
75630	.	.	\$135.86	\$67.30	\$68.56	
75635	.	.	\$287.61	\$92.60	\$195.01	
75705	.	.	\$194.55	\$87.04	\$107.51	
75710	.	.	\$132.15	\$43.00	\$89.15	
75716	.	.	\$151.57	\$49.23	\$102.34	
75726	.	.	\$121.10	\$42.77	\$78.33	
75731	.	.	\$140.18	\$44.51	\$95.66	
75733	.	.	\$149.51	\$49.54	\$99.97	
75736	.	.	\$130.17	\$42.50	\$87.67	

Field Code Changed



101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
75741	.	.	\$122.14	\$49.14	\$73.00	
75743	.	.	\$136.23	\$62.34	\$73.89	
75746	.	.	\$123.17	\$43.49	\$79.68	
75756	.	.	\$134.97	\$42.57	\$92.41	
75774	.	.	\$71.96	\$13.47	\$58.49	
75801	.	.	.	\$33.26	.	
75803	.	.	.	\$45.62	.	
75805	.	.	.	\$31.59	.	
75807	.	.	.	\$45.78	.	
75809	.	.	\$81.15	\$18.52	\$62.64	
75810	.	.	.	\$44.68	.	
75820	.	.	\$93.78	\$26.71	\$67.08	
75822	.	.	\$111.10	\$40.18	\$70.93	
75825	.	.	\$109.48	\$43.00	\$66.48	
75827	.	.	\$111.42	\$42.86	\$68.56	
75831	.	.	\$113.73	\$42.50	\$71.22	
75833	.	.	\$131.47	\$54.75	\$76.71	
75840	.	.	\$120.47	\$44.51	\$75.96	
75842	.	.	\$145.82	\$57.85	\$87.97	
75860	.	.	\$115.63	\$42.93	\$72.70	
75870	.	.	\$119.88	\$44.51	\$75.37	
75872	.	.	\$113.40	\$40.99	\$72.41	
75880	.	.	\$116.84	\$28.15	\$88.69	
75885	.	.	\$127.59	\$53.70	\$73.89	
75887	.	.	\$128.61	\$54.13	\$74.48	
75889	.	.	\$116.79	\$42.61	\$74.18	
75891	.	.	\$117.68	\$43.20	\$74.48	
75893	.	.	\$97.26	\$21.00	\$76.25	
75894	.	.	.	\$50.71	.	
75898	.	.	.	\$64.40	.	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
75901	.	.	\$146.24	\$18.47	\$127.77	
75902	.	.	\$58.56	\$14.58	\$43.98	
75956	.	.	.	\$261.12	.	
75957	.	.	.	\$224.08	.	
75958	.	.	.	\$148.88	.	
75959	.	.	.	\$129.92	.	
75970	.	.	.	\$31.24	.	
75984	.	.	\$86.30	\$27.21	\$59.08	
75989	.	.	\$96.82	\$45.44	\$51.38	
76000	.	.	\$38.54	\$6.70	\$31.84	
76001	.	.	.	\$27.41	.	
76010	.	.	\$20.88	\$7.10	\$13.78	
76080	.	.	\$44.26	\$20.41	\$23.85	
76098	.	.	\$13.24	\$6.26	\$6.97	
76100	.	.	\$74.68	\$24.48	\$50.20	
76101	.	.	\$107.52	\$26.52	\$80.99	
76102	.	.	\$142.78	\$26.69	\$116.09	
76120	.	.	\$68.20	\$15.04	\$53.16	
76125	.	.	.	\$11.04	.	
76140	.	.	I.C.	.	.	
76376	.	.	\$18.46	\$7.64	\$10.82	
76377	.	.	\$56.67	\$30.75	\$25.92	
76380	.	.	\$88.32	\$38.12	\$50.20	
76390	.	.	\$365.51	\$54.47	\$311.04	
76496	.	.	I.C.	.	.	
76497	.	.	I.C.	.	.	
76498	.	.	I.C.	.	.	
76499	.	.	I.C.	.	.	
76506	.	.	\$97.06	\$24.95	\$72.11	
76510	.	.	\$138.00	\$70.33	\$67.67	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
76511	.	.	\$81.98	\$41.84	\$40.13	
76512	.	.	\$74.87	\$41.84	\$33.03	
76513	.	.	\$77.67	\$28.06	\$49.61	
76514	.	.	\$12.03	\$7.72	\$4.31	
76516	.	.	\$64.06	\$24.52	\$39.54	
76519	.	.	\$68.51	\$24.52	\$43.98	
76529	.	.	\$64.58	\$25.63	\$38.95	
76536	.	.	\$95.43	\$21.84	\$73.59	
76604	.	.	\$71.77	\$20.98	\$50.79	
76641	.	.	\$87.45	\$28.37	\$59.08	
76642	.	.	\$71.60	\$26.43	\$45.17	
76700	.	.	\$99.98	\$31.42	\$68.56	
76705	.	.	\$74.63	\$22.95	\$51.68	
76706	.	.	\$77.35	\$21.84	\$55.51	
76770	.	.	\$92.46	\$28.64	\$63.82	
76775	.	.	\$46.52	\$22.38	\$24.15	
76776	.	.	\$128.83	\$29.48	\$99.35	
76800	.	.	\$113.26	\$45.88	\$67.37	
76801	.	.	\$99.84	\$38.98	\$60.86	
76802	.	.	\$51.53	\$32.88	\$18.65	
76805	.	.	\$115.70	\$39.14	\$76.55	
76810	.	.	\$75.00	\$38.87	\$36.12	
76811	.	.	\$145.77	\$75.86	\$69.90	
76812	.	.	\$167.07	\$71.27	\$95.80	
76813	.	.	\$97.34	\$47.14	\$50.20	
76814	.	.	\$64.51	\$39.77	\$24.74	
76815	.	.	\$68.42	\$25.32	\$43.09	
76816	.	.	\$93.56	\$33.88	\$59.67	
76817	.	.	\$78.98	\$29.67	\$49.31	
76818	.	.	\$98.27	\$41.98	\$56.29	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
76819	.	.	\$71.69	\$30.67	\$41.02	
76820	.	.	\$37.72	\$19.79	\$17.93	
76821	.	.	\$75.42	\$27.89	\$47.54	
76825	.	.	\$226.21	\$65.11	\$161.09	
76826	.	.	\$134.27	\$32.26	\$102.01	
76827	.	.	\$61.62	\$22.38	\$39.25	
76828	.	.	\$42.89	\$22.00	\$20.89	
76830	.	.	\$99.99	\$27.00	\$73.00	
76831	.	.	\$96.82	\$28.56	\$68.26	
76856	.	.	\$89.63	\$26.70	\$62.93	
76857	.	.	\$38.15	\$19.33	\$18.82	
76870	.	.	\$54.23	\$24.76	\$29.48	
76872	.	.	\$76.57	\$26.08	\$50.50	
76873	.	.	\$135.69	\$60.62	\$75.07	
76881	.	.	\$93.77	\$24.32	\$69.44	
76882	.	.	\$28.40	\$19.06	\$9.34	
76885	.	.	\$104.90	\$28.94	\$75.96	
76886	.	.	\$86.69	\$23.76	\$62.93	
76930	.	.	.	\$25.40	.	
76932	.	.	.	\$25.40	.	
76936	.	.	\$219.42	\$74.61	\$144.81	
76937	.	.	\$25.31	\$11.10	\$14.21	
76940	.	.	.	\$78.56	.	
76941	.	.	.	\$52.55	.	
76942	.	.	\$48.53	\$25.86	\$22.67	
76945	.	.	.	\$26.78	.	
76946	.	.	\$26.02	\$15.20	\$10.82	
76948	.	.	\$47.96	\$15.23	\$32.73	
76965	.	.	\$71.37	\$51.66	\$19.70	
76970	.	.	\$76.43	\$14.98	\$61.45	

Field Code Changed

101 CMR: 318.00: Radiology

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76975	.	.	.	\$32.80	.	
76977	.	.	\$5.53	\$2.11	\$3.42	
76998	.	.	.	\$47.57	.	
76999	.	.	I.C.	.	.	
77001	.	.	\$57.24	\$14.61	\$42.63	
77002	.	.	\$75.51	\$21.76	\$53.75	
77003	.	.	\$69.27	\$23.51	\$45.76	
77011	.	.	\$181.74	\$48.64	\$133.10	
77012	.	.	\$100.16	\$44.63	\$55.53	
77013	.	.	.	\$151.24	.	
77014	.	.	\$95.43	\$33.98	\$61.45	
77021	.	.	\$330.83	\$58.28	\$272.55	
77022	.	.	.	\$164.41	.	
77053	.	.	\$47.23	\$13.90	\$33.32	
77054	.	.	\$62.26	\$17.68	\$44.57	
77058	.	.	\$437.41	\$63.28	\$374.13	
77059	.	.	\$437.41	\$63.28	\$374.13	
77061	.	.	I.C.	.	.	
77062	.	.	I.C.	.	.	
77063	.	.	\$44.24	\$23.22	\$21.02	
77065	-	-	\$81.35	\$29.51	\$51.84	
77066	-	-	\$101.46	\$36.10	\$65.36	
77067	-	-	\$111.64	\$42.79	\$68.85	
77071	.	.	\$38.28	.	.	
77072	.	.	\$18.49	\$7.37	\$11.12	
77073	.	.	\$28.81	\$11.18	\$17.63	
77074	.	.	\$51.89	\$17.68	\$34.21	
77075	.	.	\$70.91	\$21.00	\$49.90	
77076	.	.	\$77.47	\$27.27	\$50.20	
77077	.	.	\$29.89	\$12.55	\$17.34	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
77078	.	.	\$59.78	\$9.58	\$50.20	
77080	.	.	\$33.56	\$7.94	\$25.63	
77081	.	.	\$22.56	\$8.48	\$14.08	
77084	.	.	\$287.81	\$62.47	\$225.34	
77085	.	.	\$45.90	\$11.99	\$33.92	
77086	.	.	\$28.90	\$6.83	\$22.07	
77261	.	.	\$58.57	.	.	
77262	.	.	\$87.30	.	.	
77263	.	.	\$127.39	.	.	
77280	.	.	\$225.93	\$27.99	\$197.94	
77285	.	.	\$356.51	\$42.21	\$314.30	
77290	.	.	\$425.39	\$62.83	\$362.56	
77293	.	.	\$383.00	\$80.38	\$302.62	
77295	.	.	\$395.91	\$171.85	\$224.06	
77299	.	.	I.C.	.	.	
77300	.	.	\$53.53	\$24.94	\$28.59	
77301	.	.	\$1,604.64	\$320.33	\$1,284.31	
77306	.	.	\$120.26	\$56.28	\$63.98	
77307	.	.	\$231.80	\$116.14	\$115.66	
77316	.	.	\$152.99	\$56.28	\$96.72	
77317	.	.	\$199.15	\$73.55	\$125.60	
77318	.	.	\$286.48	\$116.14	\$170.34	
77321	.	.	\$74.45	\$38.16	\$36.28	
77331	.	.	\$50.38	\$34.82	\$15.56	
77332	.	.	\$67.49	\$22.02	\$45.46	
77333	.	.	\$41.57	\$33.71	\$7.86	
77334	.	.	\$123.60	\$49.72	\$73.89	
77336	.	.	\$65.39	.	.	
77338	.	.	\$410.28	\$171.85	\$238.43	
77370	.	.	\$100.26	.	.	

Field Code Changed

101 CMR: 318.00: Radiology

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77371	.	.	I.C.	.	.	
77372	.	.	\$894.09	.	.	
77373	.	.	\$1,136.64	.	.	
77385	.	.	I.C.	.	.	
77386	.	.	I.C.	.	.	
77387	.	.	I.C.	.	.	
77399	.	.	I.C.	.	.	
77401	.	.	\$20.00	.	.	
77402	.	.	I.C.	.	.	
77407	.	.	I.C.	.	.	
77412	.	.	I.C.	.	.	
77417	.	.	\$9.05	.	.	
77423	.	.	I.C.	.	.	
77424	.	.	I.C.	.	.	
77425	.	.	I.C.	.	.	
77427	.	.	\$143.24	.	.	
77431	.	.	\$78.86	.	.	
77432	.	.	\$321.48	.	.	
77435	.	.	\$485.19	.	.	
77469	.	.	\$249.51	.	.	
77470	.	.	\$123.70	\$83.70	\$40.00	
77499	.	.	I.C.	.	.	
77520	.	.	I.C.	.	.	
77522	.	.	I.C.	.	.	
77523	.	.	I.C.	.	.	
77525	.	.	I.C.	.	.	
77600	.	.	\$346.11	\$63.59	\$282.52	
77605	.	.	\$656.81	\$87.10	\$569.71	
77610	.	.	\$821.22	\$64.10	\$757.12	
77615	.	.	\$880.42	\$83.40	\$797.02	

Field Code Changed

101 CMR: 318.00: Radiology

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77620	.	.	\$315.45	\$62.54	\$252.91	
77750	.	.	\$294.32	\$200.11	\$94.21	
77761	.	.	\$312.54	\$152.13	\$160.40	
77762	.	.	\$414.43	\$230.48	\$183.96	
77763	.	.	\$585.25	\$347.21	\$238.04	
77767	.	.	\$184.23	\$42.21	\$142.01	
77768	.	.	\$289.51	\$55.98	\$233.53	
77770	.	.	\$261.60	\$78.27	\$183.33	
77771	.	.	\$486.29	\$152.36	\$333.93	
77772	.	.	\$744.07	\$216.28	\$527.79	
77778	.	.	\$625.74	\$319.71	\$306.03	
77789	.	.	\$96.33	\$46.13	\$50.20	
77790	.	.	\$12.30	.	.	
77799	.	.	I.C.	.	.	
78012	.	.	\$67.21	\$7.37	\$59.84	
78013	.	.	\$163.00	\$14.17	\$148.82	
78014	.	.	\$206.35	\$19.03	\$187.31	
78015	.	.	\$187.25	\$25.40	\$161.85	
78016	.	.	\$237.92	\$26.46	\$211.46	
78018	.	.	\$266.44	\$32.18	\$234.26	
78020	.	.	\$69.86	\$21.57	\$48.29	
78070	.	.	\$255.47	\$30.26	\$225.21	
78071	.	.	\$304.37	\$45.54	\$258.83	
78072	.	.	\$350.87	\$59.47	\$291.40	
78075	.	.	\$365.93	\$27.29	\$338.64	
78099	.	.	I.C.	.	.	
78102	.	.	\$144.04	\$20.68	\$123.36	
78103	.	.	\$188.99	\$28.02	\$160.96	
78104	.	.	\$208.40	\$29.67	\$178.73	
78110	.	.	\$79.81	\$7.37	\$72.44	

Field Code Changed



101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
78111	.	.	\$81.80	\$8.48	\$73.33	
78120	.	.	\$79.70	\$9.04	\$70.66	
78121	.	.	\$86.44	\$12.53	\$73.92	
78122	.	.	\$82.26	\$16.63	\$65.63	
78130	.	.	\$142.41	\$23.62	\$118.79	
78135	.	.	\$298.52	\$24.89	\$273.63	
78140	.	.	\$115.17	\$23.78	\$91.39	
78185	.	.	\$180.98	\$15.58	\$165.40	
78191	.	.	\$142.41	\$23.62	\$118.79	
78195	.	.	\$302.46	\$45.71	\$256.76	
78199	.	.	I.C.	.	.	
78201	.	.	\$160.15	\$16.36	\$143.79	
78202	.	.	\$172.11	\$18.55	\$153.56	
78205	.	.	\$179.75	\$26.19	\$153.56	
78206	.	.	\$291.80	\$36.23	\$255.57	
78215	.	.	\$165.81	\$18.76	\$147.05	
78216	.	.	\$106.09	\$21.22	\$84.87	
78226	.	.	\$283.33	\$28.35	\$254.98	
78227	.	.	\$308.24	\$34.61	\$273.63	
78230	.	.	\$119.99	\$14.69	\$105.30	
78231	.	.	\$110.07	\$20.46	\$89.61	
78232	.	.	\$83.23	\$15.23	\$68.00	
78258	.	.	\$188.42	\$28.35	\$160.07	
78261	.	.	\$211.64	\$26.40	\$185.24	
78262	.	.	\$208.25	\$25.67	\$182.58	
78264	.	.	\$285.70	\$28.35	\$257.35	
78265	.	.	\$311.16	\$37.36	\$273.80	
78266	.	.	\$404.33	\$41.41	\$362.92	
78267	.	.	I.C.	.	.	
78268	.	.	I.C.	.	.	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
78270	.	.	\$86.00	\$8.23	\$77.77	
78271	.	.	\$76.52	\$7.94	\$68.59	
78272	.	.	\$81.97	\$10.42	\$71.55	
78278	.	.	\$297.35	\$37.93	\$259.42	
78282	.	.	.	\$14.74	.	
78290	.	.	\$285.26	\$26.13	\$259.13	
78291	.	.	\$214.11	\$32.72	\$181.39	
78299	.	.	I.C.	.	.	
78300	.	.	\$153.50	\$24.22	\$129.28	
78305	.	.	\$196.05	\$31.83	\$164.22	
78306	.	.	\$214.33	\$32.94	\$181.39	
78315	.	.	\$295.50	\$39.04	\$256.46	
78320	.	.	\$192.84	\$38.98	\$153.86	
78350	.	.	\$26.70	\$8.48	\$18.22	
78351	.	.	\$11.69	.	.	
78399	.	.	I.C.	.	.	
78414	.	.	.	\$17.22	.	
78428	.	.	\$152.62	\$29.26	\$123.36	
78445	.	.	\$149.07	\$18.01	\$131.06	
78451	.	.	\$289.40	\$52.18	\$237.22	
78452	.	.	\$401.78	\$61.20	\$340.58	
78453	.	.	\$258.54	\$38.20	\$220.34	
78454	.	.	\$372.14	\$51.86	\$320.28	
78456	.	.	\$268.74	\$37.74	\$231.00	
78457	.	.	\$158.93	\$29.35	\$129.58	
78458	.	.	\$141.20	\$29.38	\$111.81	
78459	.	.	.	\$54.83	.	
78466	.	.	\$161.74	\$27.13	\$134.61	
78468	.	.	\$167.67	\$30.40	\$137.28	
78469	.	.	\$191.80	\$35.28	\$156.52	

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101 CMR: 318.00: Radiology

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78472	.	.	\$194.18	\$37.07	\$157.11	
78473	.	.	\$243.87	\$55.21	\$188.66	
78481	.	.	\$146.78	\$36.90	\$109.87	
78483	.	.	\$202.85	\$55.21	\$147.64	
78491	.	.	.	\$55.42	.	
78492	.	.	.	\$69.43	.	
78494	.	.	\$189.49	\$45.11	\$144.38	
78496	.	.	\$36.21	\$18.87	\$17.34	
78499	.	.	I.C.	.	.	
78579	.	.	\$159.13	\$18.30	\$140.83	
78580	.	.	\$203.82	\$28.35	\$175.47	
78582	.	.	\$285.17	\$40.85	\$244.32	
78597	.	.	\$171.65	\$27.56	\$144.09	
78598	.	.	\$261.73	\$32.21	\$229.52	
78599	.	.	I.C.	.	.	
78600	.	.	\$157.95	\$17.41	\$140.53	
78601	.	.	\$182.34	\$19.30	\$163.04	
78605	.	.	\$169.56	\$20.73	\$148.82	
78606	.	.	\$283.13	\$24.30	\$258.83	
78607	.	.	\$298.08	\$45.76	\$252.32	
78608	.	.	.	\$55.59	.	
78609	.	.	\$58.06	\$58.06	.	
78610	.	.	\$149.56	\$11.69	\$137.87	
78630	.	.	\$289.40	\$26.13	\$263.27	
78635	.	.	\$290.01	\$23.78	\$266.23	
78645	.	.	\$276.20	\$21.52	\$254.69	
78647	.	.	\$298.47	\$34.91	\$263.57	
78650	.	.	\$281.72	\$23.19	\$258.53	
78660	.	.	\$153.27	\$20.73	\$132.54	
78699	.	.	I.C.	.	.	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
78700	.	.	\$146.51	\$17.22	\$129.28	
78701	.	.	\$179.86	\$18.30	\$161.55	
78707	.	.	\$196.90	\$36.23	\$160.67	
78708	.	.	\$145.36	\$45.81	\$99.54	
78709	.	.	\$308.43	\$53.16	\$255.28	
78710	.	.	\$170.11	\$23.65	\$146.46	
78725	.	.	\$91.91	\$14.15	\$77.77	
78730	.	.	\$65.08	\$5.99	\$59.08	
78740	.	.	\$185.87	\$21.35	\$164.52	
78761	.	.	\$177.25	\$27.83	\$149.42	
78799	.	.	I.C.	.	.	
78800	.	.	\$162.01	\$25.92	\$136.09	
78801	.	.	\$221.65	\$30.78	\$190.87	
78802	.	.	\$277.10	\$32.48	\$244.62	
78803	.	.	\$289.39	\$40.33	\$249.06	
78804	.	.	\$485.05	\$40.39	\$444.66	
78805	.	.	\$154.40	\$27.78	\$126.62	
78806	.	.	\$284.20	\$32.48	\$251.72	
78807	.	.	\$289.39	\$40.04	\$249.36	
78808	.	.	\$37.92	.	.	
78811	.	.	.	\$59.96	.	
78812	.	.	.	\$72.86	.	
78813	.	.	.	\$76.10	.	
78814	.	.	.	\$84.04	I.C.	
78815	.	.	.	\$92.76	I.C.	
78816	.	.	.	\$93.49	I.C.	
78999	.	.	I.C.			
79005	.	.	\$109.19	\$68.30	\$40.89	
79101	.	.	\$113.94	\$74.10	\$39.84	
79200	.	.	\$127.94	\$79.35	\$48.59	

Field Code Changed

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101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
79300	.	.	.	\$62.11	.	
79403	.	.	\$154.70	\$86.11	\$68.59	
79440	.	.	\$115.77	\$73.86	\$41.91	
79445	.	.	.	\$89.31	.	
79999	.	.	I.C.	.	.	
A4641	.	.	I.C.	.	.	
A9500	.	.	I.C.	.	.	
A9502	.	.	I.C.	.	.	
A9503	.	.	I.C.	.	.	
A9505	.	.	I.C.	.	.	
A9512	.	.	I.C.	.	.	
A9537	.	.	I.C.	.	.	
G0202	.	.	\$109.15	\$26.97	\$82.18	
G0204	.	.	\$133.44	\$33.80	\$99.64	
G0206	.	.	\$104.70	\$26.97	\$77.73	
G0279	.	.	\$44.24	\$23.22	\$21.02	
G0297	.	.	\$207.63	\$39.60	\$168.04	
G6001	.	.	\$41.33	\$23.10	\$18.22	
G6002	.	.	\$61.36	\$15.60	\$45.76	
G6003	.	.	\$155.60	.	.	
G6004	.	.	\$120.37	.	.	
G6005	.	.	\$120.07	.	.	
G6006	.	.	\$119.78	.	.	
G6007	.	.	\$250.34	.	.	
G6008	.	.	\$166.56	.	.	
G6009	.	.	\$164.78	.	.	
G6010	.	.	\$164.48	.	.	
G6011	.	.	\$267.52	.	.	
G6012	.	.	\$219.55	.	.	
G6013	.	.	\$219.85	.	.	

Field Code Changed

101 CMR: 318.00: Radiology

Code	NFAC	FAC	Global	PC	TC	Description (see radiology services code spreadsheet at <a href="http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318">www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318</a> )
G6014	.	.	\$219.85	.	.	
G6015	.	.	\$286.66	.	.	
R0070	.	.	I.C.	.	.	

Field Code Changed

318.05: Severability

The provisions of 101 CMR 318.00 are hereby declared to be severable, and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 318.00: M.G.L. c. 118E.